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Richard H. Henschel

THE NATIONAL INSTITUTES OF HEALTH

ALMANAC

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

FOREWORD

This pilot edition of the NIH Almanac represents a first attempt to assemble a number of facts about many aspects of NIH activities. In a sense, then, this is a draft edition and will have a limited circulation among NIH staff members in the hope that they will make constructive suggestions for improvement.

We look forward to publishing a more permanent edition within the next year.

Clifford F. Johnson
Chief of Information

TABLE OF CONTENTS

Page

FOREWORD i

I. History of NIH

Important Events in the History of NIH (By Year) 1

Important Events in the History of NIH (By Month and Day) 14

Legislative Chronology 27

Directors of the National Institutes of Health 35

Brief Biographical Sketches of the Directors of the National Institutes of Health. 36

Surgeons General of the Public Health Service. 41

Administrators of the Federal Security Agency. 42

Secretaries of the Department of Health, Education and Welfare. 42

II. The Institutes and Divisions

National Cancer Institute. 43

National Heart Institute 65

National Institute of Allergy and Infectious Diseases 87

National Institute of Arthritis and Metabolic Diseases 102

National Institute of Child Health and Human Development. 116

Page

National Institute of Dental Research. 128

National Institute of General Medical Sciences 140

National Institute of Mental Health. 149

National Institute of Neurological Diseases and Blindness. 164

Division of Biologics Standards. 179

Division of Research Facilities and Resources. 183

Division of Research Grants. 192

Division of Research Services. 195

Clinical Center. 205

III. The Extramural Program

Total Extramural Grant and Award Appropriations by Funding Institute or Division, FY 1946-1963 215

Number and Amount of Research Grants Awarded by Institutes and Divisions, FY 1938-1963. 216

Research Grant Appropriations by Funding Institute or Division, FY 1946-1963. 217

Total Appropriations for Training Programs by Funding Institute or Division, FY 1946-1963. 218

Fellowship Award Appropriations by Funding Institute or Division, FY 1946-1963. 219

Appropriations for Traineeship Awards by Funding Institute or Division, FY 1946-1958. 220

Research Contracts Executed by Funding Institute or Division, 1960-1963 221

Research Project Grants Awarded to Foreign Institutions and International Organizations 222

Page

Number and Amount of Research Grants by Types of Grantee Institutions, FY 1953-1962. 225

NIH Total Grants and Awards as a Percentage of Total NIH or Institute Appropriations, FY 1946-1962. . . . 228

Institutes and Divisions Grants and Awards as a Percentage of Total NIH Grants and Awards Appropriations, Extramural Program, FY 1946-1962 229

Research Grant Appropriations as a Percentage of Extramural Program Appropriations, FY 1946-1962. 230

Fellowship Award Appropriations as a Percentage of Extramural Program Appropriations, FY 1946-1962. 231

IV. NIH Appropriations

Total NIH Appropriations and Amounts Appropriated for Grants and Direct Operations, FY 1938-1964 232

Total Institute Appropriations Since FY 1938 234

U. S. Medical Research and Development Expenditures as a Proportion of Total U. S. Research and Development, FY 1950-1963. 235

Federal Medical Research Expenditures as a Proportion of Total U. S. Medical Research Expenditures, FY 1947-1964 236

Federal Medical Research and Development Expenditures as a Proportion of Total Federal Research and Development Expenditures, FY 1947-1963 237

NIH Expenditures for Medical Research as a Proportion of Total Federal Expenditures for Medical Research, FY 1947-1963 238

Appropriations for Construction of Health Research Facilities, FY 1957-1964 239

Page

V. The NIH Staff

Number and Types of Personnel at the Hygienic Laboratory, 1909-1929. 240

Total NIH Employment, 1930-1963. 241

Total NIH Staff by Occupational Groups, 1958-1963. 243

Total NIH Staff by Pay System, 1948-1963 244

Total Full Time NIH Civil Service Employees by GS, 208g, and Wage Board, 1948-1963. 245

Total NIH Professional Staff by Type of Doctoral Degree, 1958-1963. 246

NIH Employees by Institute, 1951-1963. 247

VI. NIH Real Property and Facilities

Buildings at NIH (listed separately according to history, cost of original construction, total cost, gross area and space allocations). 249

Summary Data on NIH Buildings. 288

NIH Land, Date Acquired, Area, Present Cost. 290

Acquisition of NIH Land. 291

Estimated Cost of Facilities Serving NIH Buildings, As of June 30, 1963. 292

Utilities, Annual Use in FY 1963 293

Buildings Rented by NIH, As of April 30, 1964. 294

Page

VII. Miscellaneous

NIH Organization Chart 297

NIH Study Sections 298

NIH International Health Offices 299

NIH Field Units. 300

Dyer Lecture Series. 309

NIH Lecture Series 311

International Lecture Series 317

PART I

HISTORY OF NIH

IMPORTANT EVENTS IN THE HISTORY OF NIH
(BY YEAR)

1798 - The Marine Hospital Service was established with the signing by President John Adams of An Act for the relief of sick and disabled Seamen on July 16.

1799 - An Amending Act of March 2 extended benefits of the Marine Hospital Service to officers and men of U. S. Navy.

1802 - The admission of foreign seamen to Marine Hospitals on a reimbursable basis was authorized on May 3.

1803 - The first permanent Marine Hospital was authorized to be built in Boston, Massachusetts, on May 3.

1807 - Dr. Benjamin Waterhouse was appointed physician in charge of the Boston Marine Hospital on November 27. He was the first to introduce interns and residents into U. S. hospitals.

1870 - A bill dated June 29 provided for administration of Marine Hospitals within a Bureau of the Treasury Department with a medical officer in charge.

1871 - Dr. John Maynard Woodworth was appointed Supervising Surgeon General in April, marking the beginning of central control of Marine hospitals.

1873 - Regulations were approved on October 1 for appointment and promotion of physicians in the Marine Hospital Service, establishing the first career service for civilian employees in the Federal Government.

1875 - A bill passed on March 3 authorized admission of Navy seamen and seamen of other Government Services to Marine hospitals on a reimbursable basis.

1875 - In recognition of the progress Dr. John Maynard Woodworth made in reorganizing the Marine Hospital Service, his title was changed by law to Supervising Surgeon General on March 3.

1878 - The First Federal Quarantine Act was passed April 29.

1879 - The National Board of Health was created by law on March 3. It represented the first organized, comprehensive, national medical research effort of the Federal Government.

- Dr. John B. Hamilton was appointed Surgeon General of the Marine Hospital Service on April 3.

1884 - The seamen's hospital tax was abolished on July 1 and the cost of maintaining Marine hospitals was paid out of a tonnage tax, a practice which continued until 1906.

1887 - The "Laboratory of Hygiene" was established under Dr. James J. Kinyoun at the Marine Hospital, Staten Island, New York, in August, for research on cholera and other infectious diseases.

1889 - The Public Health Service Commissioned Corps was authorized on January 4 establishing by law the policy of a mobile corps subject to duty anywhere upon assignment.

1890 - Congress gave the Marine Hospital Service interstate quarantine authority on March 27.

1891 - The Hygienic Laboratory moved from Staten Island, New York, to Butler Building, Service Headquarters, Washington, D. C., in June.

- Dr. Walter Wyman was appointed Surgeon General of the Marine Hospital Service on June 1.

1893 - A new Quarantine Act passed February 15 strengthened the Quarantine Act of 1878.

1899 - The Marine Hospital Service was directed by Congress on March 2 to investigate leprosy in the United States.

- Dr. Milton J. Rosenau succeeded Dr. James J. Kinyoun as Director of the Hygienic Laboratory on May 1.

1901 - On March 3 the first recorded Federal appropriation for support of medical research occurred in the FY 1902 Treasury Department budget providing for $35,000 to erect a new building for the Hygienic Laboratory.

1902 - The earliest studies of Rocky Mountain Spotted Fever took place in Montana.

- A bill approved July 1 changed the name of the Marine Hospital Service to the "Public Health and Marine Hospital Service."

- The Biologics Control Act, passed July 1, gave the Public Health and Marine Hospital Service responsibility for licensing and regulating the interestate sale of biologic products applicable to the diseases of man, and established the Biologics Control Division.

- The Advisory Board for the Hygienic Laboratory was established July 1. It later became the National Advisory Health Council.

- The Pan American Sanitary Bureau was established December 2. The Public Health Service began international health cooperation.

1904 - The Hygienic Laboratory moved to a new building on a 5-acre tract at 25th and E Streets, N. W., Washington, D. C., on March 16.

1906 - Medical care for merchant seamen and other beneficiaries of the Public Health and Marine Hospital Service began to be supported by direct Congressional appropriations with the repeal of the tonnage tax on June 30.

1909 - Dr. John F. Anderson was appointed Director of the Hygienic Laboratory on October 1.

1912 - Dr. Rupert Blue was appointed Surgeon General of the Public Health and Marine Hospital Service on January 13.

- The name "Public Health and Marine Hospital Service" was changed to "Public Health Service" on August 14, and the research program was expanded to include problems other than communicable diseases.

1914 - Dr. Joseph Goldberger announced his views of pellagra as a dietary deficiency, emphasizing the importance of dietary deficiency diseases.

1915 - Dr. George W. McCoy was appointed Director of the Hygienic Laboratory on November 20.

1918 - The Chamberlain-Kahn Act passed July 9 provided for the study of venereal diseases. The Public Health Service made grants to 25 institutions, establishing a precedent for the Federal Government to seek assistance of scientists through grants.

- The Public Health Service Reserve Corps was established by law on October 27, during the influenza pandemic, as a means of coping with the emergency situation.

1920 - Dr. Hugh Smith Cumming was appointed Surgeon General of the Public Health Service on March 3.

1920 - Officers of the Public Health Service were included in a Joint Service Pay Act for the first time on May 18.

1921 - The Rocky Mountain Spotted Fever Laboratory was established in a former school building in Hamilton, Montana, on September 20. It was a recognized field station of the Public Health Service.

1922 - A Special Cancer Investigations Laboratory was established by Public Health Service investigators at Harvard Medical School on August 1.

1929 - On January 19, The Narcotics Control Act, was passed providing for construction of two hospitals for drug addicts and authorizing a Narcotic Division in the Public Health Service.

1930 - Under Public Law 71-106, passed April 9, the Advisory Board for the Biologics Control Division became the National Advisory Health Council.

- On May 26 the Ransdell Act redesignated the Hygienic Laboratory as the National Institute of Health, authorizing $750,000 for construction of two buildings for NIH, and authorized creation of a system of fellowships.

- On June 14 Public Law 357 authorized creation of a separate Bureau of Narcotics in the Treasury Department and changed the Narcotic Division of the Public Health Service to the Division of Mental Hygiene. The law gave the Surgeon General authority to investigate the causes, treatment and prevention of mental and nervous diseases.

1935 - A narcotic "farm" at Lexington, Kentucky, was completed and opened on May 29.

- On August 10, Mr. and Mrs. Luke I. Wilson made the first gift of 45 acres of their estate "Tree Tops" for use of the National Institute of Health in Bethesda, Maryland.

1935 - Title VI of the Social Security Act, passed August 14, authorized the expenditure of up to $2 million on health grants to the States for the "investigation of disease problems of sanitation."

1936 - Dr. Thomas Parran was appointed Surgeon General of the Public Health Service on April 6.

1937 - The Rocky Mountain Laboratory became part of the National Institute of Health, and was adminstratively made part of the Division of Infectious Diseases in February.

- Dr. Lewis R. Thompson was appointed Director of the National Institute of Health on February 1.

- Mr. Luke I. Wilson died of cancer of the bladder on July 20, three days before the National Cancer Institute Bill was passed by Congress.

- Congress authorized the National Cancer Institute on August 5. The bill was introduced in the Senate under the names of all 96 Senators.

1938 - The National Advisory Cancer Council recommended approval of the first awards for fellowships in cancer research on January 3.

- Mrs. Luke I. Wilson made the second gift of 10.7 acres of land to NIH on May 28.

- The cornerstone for Building 1 was laid June 30.

- Congress authorized construction of new, larger laboratory facilities and NIH moved to Bethesda, Maryland, in July.

- The narcotics hospital at Forth Worth, Texas was dedicated on October 28.

- Mrs. Luke I. Wilson made the third gift of 14.4 acres of land to NIH on September 30.

1939 - Under a Reorganization Act dated April 3, the Public Health Service was transferred from the Treasury Department to the Federal Security Agency.

1940 - Mrs. Luke I. Wilson made the fourth gift of 11.6 acres of land to NIH on September 27.

1942 - Dr. Rolla Eugene Dyer was appointed Director of the National Institute of Health on February 1.

- The final gift of land was made by Mrs. Luke I. Wilson on March 17 bringing the total to 92 acres. This was the nucleus of the present 306-acre reservation. The additional land was acquired through a series of purchases.

1943 - NIH was given bureau status in the Public Health Service on November 11.

1944 - The Public Health Service Act was approved on July 1, consolidating and revising existing public health legislation, and giving NIH the legislative basis for its postwar program with general authority to conduct research.

1946 - The Research Grants Office was created at NIH in January to coordinate the rapidly growing extramural research programs.

- The National Mental Health Act, passed July 3, provided for research support and community mental health services.

- On August 12, the Research Grants Office became the Research Grants Division (later renamed Division of Research Grants).

- The Hospital Survey and Construction Act, introduced by Senators Lister Hill and Harold H. Burton, was passed on August 13, authorizing the Hill-Burton program.

1948 - Dr. Leonard A. Scheele was appointed Surgeon General of the Public Health Service on April 6.

- President Harry S. Truman signed the National Heart Act, which authorized the National Heart Institute and changed the name of the National Institute of Health to National Institutes of Health on June 16.

- The National Dental Research Act, passed June 24, authorized the National Institute of Dental Research.

- The National Heart Institute was established August 1.

- The National Institute of Dental Research was established September 16.

- Construction of the NIH Clinical Center was started in November.

- The National Microbiological Institute and the Experimental Biology and Medicine Institute were established on November 1.

- The Rocky Mountain Laboratory became one of the four components of the National Microbiological Institute on November 1.

1949 - The purchase of 115.8 acres from the Town and Country Golf Club, Inc., for a total of $600,000 was concluded February 11.

- The purchase of 47.9 acres of land for a total of $505,000 was concluded on February 14.

- The National Institute of Mental Health was established on April 15, with the abolishment of the Division of Mental Hygiene.

1949 - The first issue of the NIH Record was published May 20.

- The NIH theatrical group, the Hamsters, was founded June 1.

- The purchase of 50.2 acres of land from the Sisters of the Visitation for a total of $173,058 was concluded on June 28.

1950 - The Bank of Bethesda opened facilities at NIH on April 10, and Mrs. Luke I. Wilson made the first deposit.

- The Omnibus Medical Research Act, signed August 15, authorized the National Institute of Neurological Diseases and Blindness and the National Institute of Arthritis and Metabolic Diseases, the latter absorbing the Experimental Biology and Medicine Institute. The Act also gave the Surgeon General authority to establish new institutes.

- The Dyer Lecture Series was established on September 27.

- Dr. William H. Sebrell, Jr., was appointed Director of the National Institutes of Health on October 1.

- The National Institute of Neurological Diseases and Blindness and the National Institute of Arthritis and Metabolic Diseases were established November 22.

1951 - The first Dyer Lecture was given by Dr. George W. Beadle of the California Institute of Technology on June 21.

- President Harry S. Truman laid the Clinical Center cornerstone on June 22.

1953 - The first NIH Lecture was given on January 21 by Dr. Severo Ochoa of New York University College of Medicine.

- The Public Health Service became part of the newly created Department of Health, Education and Welfare on April 11.

- The NIH Clinical Center was dedicated on July 2, extending the clinical dimension of the Public Health Service research programs.

- The first patient was admitted to the NIH Clinical Center on July 6.

1954 - The NIH Graduate School Program began on September 27.

1955 - The biologics control function was placed in the newly formed Division of Biologics Standards in June. The Division of Research Services and Division of Business Operations were also formed.

- The Cancer Chemotherapy National Service Center was established April 1 to coordinate the first national cancer chemotherapy program.

- The Mental Health Study Act was passed July 28.

- Dr. James A. Shannon was appointed Director of the National Institutes of Health on August 1.

- The National Microbiological Institute became the National Institute of Allergy and Infectious Diseases by order of the Surgeon General on December 29.

1956 - The National Health Survey Act was passed July 3.

1956 - The Alaska Mental Health Enabling Act was passed July 28.

- The Health Research Facilities Act, passed July 30, established a program of matching grants for construction of health research facilities in non-Federal institutions.

- The Health Amendments Act of 1956 was passed August 2.

- Dr. Leroy E. Burney was appointed Surgeon General of the Public Health Service on August 8.

- The National Library of Medicine was established with the transfer of function from the Armed Forces Medical Library on October 1.

1957 - NIH donated land at corner of Old Georgetown Road & Cedar Lane as a site for the Bethesda firehouse on February 15.

- The NIH Center for Aging Research was established November 27 as the focal center for NIH extramural activities in gerontology.

1958 - The NIH Center for Aging Research was transferred from the National Heart Institute to the Division of General Medical Sciences on November 4.

- On July 16 the Division of General Medical Sciences was established by order of the Surgeon General extending research into noncategorical areas.

1959 - The Office of Administrative Management was formed July 15, consolidating the Division of Business Operations and other managerial responsibilities.

1960 - The International Health Research Act was passed July 12, extending NIH internationl programs.

1960 - Public Law 86-798, authorizing grants to institutions to strengthen their programs of health research and research training, was passed September 15.

1961 - The Center for Research in Child Health was established by the Surgeon General in the Division of General Medical Sciences on February 17.

- Dr. Luther L. Terry was appointed Surgeon General of the Public Health Service on March 24.

- The NIH European Office was established in Paris, France, on December 18.

1962 - The NIH Latin American Office was established in Rio de Janeiro, Brazil, on July 1.

- The Division of Research Facilities and Resources was established July 15.

- Public Law 87-838, passed October 17, authorized the National Institute of Child Health and Human Development and changed the Division of General Medical Sciences to the National Institute of General Medical Sciences.

1963 - The NIH Pacific Office was established in Tokyo, Japan, on January 1.

- The National Institute of Child Health and Human Development and the National Institute of General Medical Sciences were established on January 30.

- The new surgical wing for the NIH Clinical Center was dedicated September 5.

- Public Law 88-129, passed September 24, amended the Health Research Facilities Act of 1956 to allow grants for multi-purpose facilities that would provide teaching as well as research space.

1963 - The "Maternal and Child Health and Mental Retardation Planning Amendments of 1963" were signed by President John F. Kennedy on October 24.

- The first NIH International Lecture was given October 31 by Dr. Walsh McDermott of Cornell University Medical College.

- The "Mental Retardation Facilities and Community Health Centers Construction Act" was signed by President John F. Kennedy on October 31.

IMPORTANT EVENTS IN THE HISTORY OF NIH
(BY MONTH AND DAY)

January - The Research Grants Office was created at NIH in 1946 to coordinate the rapidly growing extramural research programs.

January 1 - The NIH Pacific Office was established in Tokyo, Japan, in 1963.

January 3 - The National Advisory Cancer Council recommended approval of the first awards for fellowships in cancer research in 1938.

January 4 - The Public Health Service Commissioned Corps was authorized in 1889, establishing by law the policy of a mobile corps subject to duty anywhere upon assignment.

January 13 - Dr. Rupert Blue was appointed Surgeon General of the Public Health Service in 1912.

January 19 - The Narcotics Control Act was passed by Congress in 1929 providing for construction of two hospitals for drug addicts and authorizing a Narcotic Division in the Public Health Service.

January 21 - The first NIH lecture was given by Dr. Severo Ochoa of New York University College of Medicine in 1953.

January 30 - The National Institute of Child Health and Human Development and the National Institute of General Medical Sciences were established in 1963.

February - The Rocky Mountain Laboratory became part of the National Institute of Health, and was administratively made part of the Division of Infectious Diseases in 1937.

February 1 - Dr. Lewis R. Thompson was appointed Director of the National Institute of Health in 1937.

- Dr. Rolla E. Dyer was appointed Director of the National Institute of Health in 1942.

February 11 - The purchase of 115.8 acres from the Town and Country Golf Club, Inc., for a total of $600,000 was concluded in 1949.

February 14 - The purchase of 47.9 acres of land for a total of $505,000 was concluded in 1949.

February 15 - A new Quarantine Act passed in 1893 strengthened the Quarantine Act of 1878.

- NIH donated land at the corner of old Georgetown Road and Cedar Lane as a site for the Bethesda firehouse in 1957.

February 17 - The Center for Research in Child Health was established by the Surgeon General in the Division of General Medical Sciences in 1961.

March 2 - The Marine Hospital Act was extended to include officers and men of U. S. Navy in 1799.

- The Marine Hospital Service was directed by Congress to investigate leprosy in the U. S. in 1899.

March 3 - A bill was passed in 1875 which authorized the admission of Navy seamen and seamen of other Government Services to Marine Hospitals on a reimbursable basis.

March 3 - In recognition of the progress Dr. John Maynard Woodworth made in reorganizing the Marine Hospital Service, his title was changed by law to Supervising Surgeon General in 1875.

March 3 - The National Board of Health was created by law in 1879. It represented the first organized, comprehensive, national medical research effort of the Federal Government.

- In 1901 the first recorded Federal appropriation for support of medical research occurred in the FY 1902 Treasury Department budget, providing for $35,000 to erect a new building for the Hygienic Laboratory.

- Dr. Hugh Smith Cumming was appointed Surgeon General of the Public Health Service in 1920.

March 16 - The Hygienic Laboratory moved to its own building on a 5-acre site near E and 25th Streets in Washington, D. C. in 1904.

March 17 - The final gift of land was made by Mrs. Luke I. Wilson in 1942 bringing the total to 92 acres. This was the nucleus of the present 306-acre reservation. The additional land was acquired through a series of purchases.

March 24 - Dr. Luther L. Terry was appointed Surgeon General of the Public Health Service in 1961.

March 27 - Congress gave the Marine Hospital Service interstate quarantine authority in 1890.

April - Dr. John Maynard Woodworth was appointed Supervising Surgeon General in 1871, marking the beginning of central control of Marine Hospitals.

April 1 - The Cancer Chemotherapy National Service Center was established in 1955 to coordinate the first national cancer chemotherapy program.

April 3 - Dr. John B. Hamilton was appointed Surgeon General of the Marine Hospital Service in 1879.

- The Public Health Service was transferred from the Treasury Department to the Federal Security Agency under a Reorganization Act in 1939.

April 6 - Dr. Thomas Parran was appointed Surgeon General of the Public Health Service in 1936.

- Dr. Leonard A. Scheele was appointed Surgeon General of the Public Health Service in 1948.

April 9 - Under Public Law 71-106 passed in 1930 the Advisory Board for the Biologics Control Division became the National Advisory Health Council.

April 10 - The Bank of Bethesda opened facilities at NIH in 1950, and Mrs. Luke I. Wilson made the first deposit.

April 11 - The Public Health Service became part of the newly created Department of Health, Education and Welfare in 1953.

April 15 - The National Institute of Mental Health was established in 1949 with the abolishment of the Division of Mental Hygiene.

April 29 - The first Federal Quarantine Act was passed in 1878.

May 1 - Dr. Milton J. Rosenau was appointed Director of the Hygienic Laboratory in 1899.

May 3 - The admission of foreign seamen to Marine Hospitals on a reimbursable basis was authorized in 1802.

- The first permanent Marine Hospital was authorized to be built in Boston, Massachusetts, in 1803.

May 18 - Officers of the Public Health Service were included in a Joint Service Pay Act for the first time in 1920.

May 20 - The first issue of the NIH Record was published in 1949.

May 26 - In 1930 the Hygienic Laboratory became the National Institute of Health under the Ransdell Act, which also authorized $750,000 for construction of two buildings for NIH, and authorized creation of a system of fellowships.

May 28 - Mrs. Luke I. Wilson made the second gift of 10.7 acres of land to NIH in 1938.

May 29 - A narcotic "farm" at Lexington, Kentucky, was completed and opened in 1935.

June - The Hygienic Laboratory moved from Staten Island, New York to Butler Building, Service Headquarters, Washington, D. C., in 1891.

June - The biologics control function was placed in the newly formed Division of Biologics Standards in 1955. The Division of Research Services and Division of Business Operations were also formed.

June 1 - Dr. Walter Wyman was appointed Surgeon General, of the Marine Hospital Service in 1891.

- The NIH theatrical group, the Hamsters, was founded in 1949.

June 14 - In 1930, Public Law 357 authorized creation of a separate Bureau of Narcotics in the Treasury Department and changed the Narcotics Division of the Public Health Service to the Division of Mental Hygiene. The law gave the Surgeon General authority to investigate the causes, treatment and prevention of mental and nervous diseases.

June 16 - President Harry S. Truman signed the National Heart Act which authorized the National Heart Institute and changed the name of the National Institute of Health to National Institutes of Health in 1948.

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June 22 - President Harry S. Truman laid the Clinical Center cornerstone in 1951.

June 24 - The National Dental Research Act, passed in 1948, authorized the National Institute of Dental Research.

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July 1 - The seamen's hospital tax was abolished in 1884 and the cost of maintaining Marine hospitals was paid out of a tonnage tax, a practice which continued until 1906.

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- A bill approved in 1902 changed the name of the Marine Hospital Service to the "Public Health and Marine Hospital Service."

- The Public Health Service Act was approved in 1944, consolidating and revising existing public health legislation, and giving NIH the legislative basis for its postwar program with general authority to conduct research.

- The NIH Latin American Office was established in Rio de Janeiro, Brazil, in 1962.

July 2 - The NIH Clinical Center was dedicated in 1953, extending the clinical dimension of the Public Health Service research programs.

July 3 - The National Mental Health Act, passed in 1946, provided for research support and community mental health services.

July 3 - The National Health Survey Act was passed in 1956.

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July 9 - The Chamberlain-Kahn Act passed in 1918, provided for the study of venereal diseases. The Public Health Service made grants to 25 institutions, establishing a precedent for the Federal Government to seek assistance of scientists through grants.

July 12 - The International Health Research Act was passed in 1960, extending NIH international programs.

July 15 - The Office of Administrative Management was formed in 1959, consolidating the Division of Business Operations and other managerial responsibilities.

- The Division of Research Facilities and Resources was established in 1962.

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September 24 - Public Law 88-129 passed in 1963 amended the Health Research Facilities Act of 1956 to allow grants for multipurpose facilities that would provide teaching as well as research space.

September 27 - Mrs. Luke I. Wilson made the fourth gift of 11.6 acres of land to NIH in 1940.

- The Dyer Lecture Series was established in 1950.

- The NIH Graduate School program began in 1954.

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- Dr. John F. Anderson was appointed Director of the Hygienic Laboratory in 1909.

- Dr. William H. Sebrell, Jr., was appointed Director of the National Institutes of Health in 1950.

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October 28 - The narcotics hospital at Fort Worth, Texas, was dedicated in 1938.

October 31 - The first NIH International Lecture was given in 1963 by Dr. Walsh McDermott of Cornell University Medical College.

- The "Mental Retardation Facilities and Community Mental Health Centers Construction Act" was signed by President John F. Kennedy in 1963.

November - Construction of the NIH Clinical Center was started in 1948.

November 1 - The Rocky Mountain Laboratory became one of the four components of the National Microbiological Institute in 1948.

- The National Micribiological Institute and the Experimental Biology and Medicine Institute were established in 1948.

November 4 - The NIH Center for Aging Research was transferred from the National Heart Institute to the Division of General Medical Sciences in 1958.

November 11 - NIH was given Bureau status in the Public Health Service in 1943.

November 20 - Dr. George W. McCoy was appointed Director of the Hygienic Laboratory in 1915.

November 22 - The National Institute of Arthritis and Metabolic Diseases and the National Institute of Neurological Diseases and Blindness were established in 1950.

November 27 - Dr. Benjamin Waterhouse was appointed physician in charge of the Boston Marine Hospital in 1807. He was the first to introduce interns and residents into United States hospitals.

November 27 - The NIH Center for Aging Research was established in 1957 as the focal center for NIH extramural activities in gerontology.

December 2 - The Pan American Sanitary Bureau was established in 1902. The Public Health Service began international health cooperation.

December 18 - The NIH European Office was established in Paris, France, in 1961.

December 29 - The National Microbiological Institute became the National Institute of Allergy and Infectious Diseases by order of the Surgeon General in 1955.

LEGISLATIVE CHRONOLOGY

This legislative chronology is limited to enactments that had a major influence upon the Marine Hospital Service as it evolved into the Public Health Service, to legislation leading to the establishment of the National Institutes of Health, and to specific NIH legislation with the exception of appropriations bills.

July 16, 1798 - President John Adams signed "An Act for the relief of sick and disabled Seamen" establishing the Marine Hospital Service for merchant seamen. The Marine Hospital Service -- forerunner of the present-day Public Health Service -- became a component of the Treasury Department. A monthly hospital tax of 20¢ was deducted from the pay of merchant seamen in the first prepaid medical care plan in the United States. (Stat. L., 604).

March 2, 1799 - An Amending Act to the legislation of 1798 extended Marine Hospital Service benefits to officers and men of the U. S. Navy. This arrangement continued until 1818 when the Navy built its own hospitals. However, the deduction of 20¢ per month from the pay of Navy and Marine Corps personnel continued until June 15, 1943. (1 Stat. L., 729).

June 29, 1870 - A bill to reorganize the Marine Hospital Service and establish a central controlling office in Washington, D. C., was approved by President Ulysses S. Grant. This act also increased the amount of hospital tax paid by seamen from 20¢ to 40¢ per month, a tax which continued until 1884. (16 Stat. L., 169). (After the seamen's hospital tax was abolished July 1, 1884, the cost of maintaining Marine Hospitals was paid out of a tonnage tax until 1906. Since then medical care for merchant seamen and other beneficiaries of the Service has been supported by direct Congressional appropriations.)

March 3, 1875 - An act was passed authorizing the admission of seamen from the Navy and other Government Services to Marine hospitals on a reimbursable basis. (18 Stat. L., 377).

April 29, 1878 - The first Federal Quarantine Act "to prevent the introduction of contagious or infectious diseases into the United States" was approved by President Rutherford B. Hayes. (20 Stat. L., 37).

January 4, 1889 - A bill to establish a commissioned officer corps in the Marine Hospital Service was passed. This law established a mobile corps subject to duty anywhere upon assignment, a policy that had been in effect since Dr. Woodworth assumed leadership of the Marine Hospital Service in 1871. (25 Stat. L., 639).

March 27, 1890 - Congress gave the Marine Hospital Service interstate quarantine authority. (26 Stat. L., 31).

February 15, 1893 - A new Quarantine Act was passed, following outbreaks of cholera in Europe, strengthening the inadequate Quarantine Act of 1878 by giving the Federal government the right of quarantine inspection. (27 Stat. L., 449).

March 2, 1899 - The Marine Hospital Service was directed by Congress to investigate leprosy in the United States. (30 Stat. L., 976).

July 1, 1902 - A bill to increase the efficiency and change the name of the Marine Hospital Service to "Public Health and Marine Hospital Service" was approved by President Theodore Roosevelt. The law authorized the establishment of specified administrative divisions, and, for the first time, designated a bureau of the Federal government as an agency in which public health matters could be coordinated. (32 Stat. L., 712).

July 1, 1902 - Another law, usually referred to as the Biologics Control Act, authorized the Public Health and Marine Hospital Service to regulate the transportation or sale for human use of viruses, serums, vaccines, antitoxins, and analogous products in interstate traffic or from any foreign country into the United States (P.L. 57-244, 32 Stat. L., 728).

August 14, 1912 - Under this Act, the name "Public Health and Marine Hospital Service" was changed to "Public Health Service." The legislation also authorized the Public Health Service to conduct field investigations and studies, and in particular, investigations of the diseases of man and pollution of navigable streams. (37 Stat. L., 309).

July 9, 1918 - The Chamberlain-Kahn Act provided for the study of venereal diseases by the Public Health Service. (40 Stat. L., 886).

October 27, 1918 - An Act establishing a Reserve Corps for the Public Health Service was approved by President Woodrow Wilson. The 1918 influenza pandemic emphasized the need for a reserve corps in the Service to meet such emergency situations. (40 Stat. L., 1017).

May 18, 1920 - Officers of the Public Health Service were included in a Joint Service Pay Act for the first time. (P.L. 66-210, 41 Stat. L., 601).

January 19, 1929 - The Narcotics Control Act provided for construction of two hospitals for the care and treatment of drug addicts, and authorized creation of a Narcotics Division in the Office of the Surgeon General of the Public Health Service. (P.L. 70-672, 45 Stat. L., 1085).

April 9, 1930 - This law changed the name of the Advisory Board for the Hygienic Laboratory to the National Advisory Health Council. (P.L. 71-106, 46 Stat. L., 152).

May 26, 1930 - The Ransdell Act reorganized, expanded and redesignated the Hygienic Laboratory as the National Institute of Health. The Act authorized $750,000 for the construction of two buildings for NIH and authorized the establishment of a system of fellowships. (P.L. 71-251, 46 Stat. L., 379).

June 14, 1930 - This law authorized creation of a separate Bureau of Narcotics in the Treasury Department to control trading in and use of narcotic drugs for therapeutic purposes. Also, the legislation changed the Narcotics Division of the Public Health Service to the Division of Mental Hygiene, giving the Surgeon General authority to investigate the causes, treatment and prevention of mental and nervous diseases. (P.L. 71-357, 46 Stat. L., 585).

August 14, 1935 - The Social Security Act signed by President Franklin D. Roosevelt, was an event of major importance in the progress of public health in the United States. This Act authorized health grants to the States on the principle that the most effective way to prevent the interstate spread of disease is to improve State and local public health programs. With this legislation, the Public Health Service became adviser and practical assistant to State and local health services. (P.L. 74-271, 49 Stat. L., 634).

August 5, 1937 - This law signed by President Franklin D. Roosevelt established the National Cancer Institute to conduct and support research relating to the cause, diagnosis and treatment of cancer. The law authorized the Surgeon General to make grants-in-aid for research projects in the field of cancer, provide fellowships, train personnel, and assist the States in their efforts toward cancer prevention and control. (P.L. 75-244, 50 Stat. L. 559).

April 3, 1939 - The Reorganization Act of 1939 transferred the Public Health Service from the U. S. Treasury Department to the Federal Security Agency. (P.L. 76-19, 53 Stat. L., 561).

July 1, 1944 - The Public Health Service Act, approved by President Franklin D. Roosevelt, consolidated and revised laws pertaining to the Public Health Service and divided the Service into the Office of the Surgeon General, Bureau of Medical Services, Bureau of State Services, and the National Institute of Health. The Act gave the Surgeon General broad powers to conduct and support

research into the diseases and disabilities of man, authorized projects and fellowships, and made the National Cancer Institute a division of NIH. The Act also empowered the Surgeon General to treat at Public Health Service medical facilities for purposes of study, persons not otherwise eligible for such treatment. (P.L. 78-410, 58 Stat. L., 682). Under this provision, the Clinical Center was later established.

July 3, 1946 - The National Mental Health Act, signed by President Harry S. Truman, was designed to improve the mental health of U. S. citizens through research into the causes, diagnosis and treatment of psychiatric disorders. It authorized the Surgeon General to support research, training, and assistance to State mental health programs. (P.L. 79-487, 60 Stat. L., 421). (The National Institute of Mental Health was established under the authority of this law on April 1, 1949).

August 13, 1946 - The Hospital Survey and Construction Act, introduced by Senators Lister Hill and Harold H. Burton, was signed by President Harry S. Truman. This Act authorized grants to the states for construction of hospitals and public health centers, for planning construction of additional facilities, and for surveying existing hospitals and other facilities. (P. L. 79-725, 60 Stat. L., 1040).

June 16, 1948 - The National Heart Act, signed by President Harry S. Truman, authorized the National Heart Institute to conduct, assist and foster research; provide training; and assist the states in the prevention, diagnosis and treatment of heart diseases. In addition, the Act changed the name of National Institute of Health to National Institutes of Health. (P.L. 80-655, 62 Stat. L., 464).

June 24, 1948 - The National Dental Research Act, approved by President Harry S. Trumen, authorized the National Institute of Dental Research to conduct, assist and foster dental research; provide training; and cooperate with the states in the prevention and control of dental diseases. (P.L. 80-755, 62 Stat. L., 598).

August 15, 1950 - This law, known as the Omnibus Medical Research Act, was approved by President Harry S. Truman. It authorized the Surgeon General to establish the National Institute of Neurological Diseases and Blindness, as well as additional institutes to conduct and support research and research training relating to other diseases and groups of diseases. (P.L. 81-692, 64 Stat. L., 443). (The National Institute of Arthritis and Metabolic Diseases and the National Institute of Neurological Diseases and Blindness were established under the authority of this Act on November 22, 1950. Under this same act, the National Institute of Allergy and Infectious Diseases was established on December 29, 1955, replacing the National Microbiological Institute which was originally established November 1, 1948, under authority of Section 202 of the Public Health Service Act.)

July 28, 1955 - The Mental Health Study Act authorized the Surgeon General to award grants to non-governmental organizations for partial support of a nationwide study and re-evaluation of the problems of mental illness. Under this Act, the Joint Committee on Mental Illness and Health was awarded grant support for three years. (P.L. 84-182, 69 Stat. L., 381).

July 3, 1956 - The National Health Survey Act authorized the Surgeon General to survey sickness and disabilities in the United States on a sampling basis. (P.L. 84-652, 70 Stat. L., 489).

July 28, 1956 - The Alaska Mental Health Enabling Act provided for territorial treatment facilities to eliminate the need to transport the mentally ill outside Alaska. It also authorized Public Health Service grants to Alaska for its mental health program. (P.L. 84-830, 70 Stat. L., 709).

July 30, 1956 - The Health Research Facilities Act of 1956 authorized a Public Health Service program of Federal matching grants to public and non-profit institutions for the construction of health research facilities. (P. L. 84-835, 70 Stat. L., 717).

August 2, 1956 - The Health Amendments Act of 1956 authorized the Surgeon General to assist in increasing the number of adequately trained nurses and professional public health personnel. It also authorized Public Health Service grants to support the development of improved methods of care and treatment of the mentally ill. (P.L. 84-911, 70 Stat. L., 923).

July 12, 1960 - Recognizing the importance of cooperation in international health research, President John F. Kennedy approved the International Health Research Act. Under the new law the Surgeon General was authorized to establish and make grants for fellowships in the United States and participating foreign countries; make grants or loans of equipment and other materials to participating foreign countries for use by public or non-profit institutions and agencies; participate in international health meetings, conferences and other activities; and facilitate the interchange of research scientists and experts between the United States and participating foreign countries. (P.L. 86-610, 74 Stat. L., 364).

September 15, 1960 - This law amended the Public Health Service Act to authorize grants-in-aid to universities, hospitals, laboratories and other public and nonprofit institutions, and to strengthen their programs of research and research training in the sciences related to health. The Act also authorized the use of funds appropriated for research or research training to be set aside by the Surgeon General in a special account for General Research Support Grants. (P.L. 86-798, 74 Stat. L., 1053).

October 17, 1962 - This act, approved by President John F. Kennedy, authorized the Surgeon General to establish the National Institute of General Medical Sciences and the National Institute of Child Health and Human Development. The latter was authorized to conduct and support research and training relating to maternal health; child health; human development, in particular the special health problems of mothers and children; and the basic sciences relating to the processes of human growth and development. The former was authorized to conduct and support research in the basic medical sciences and related behavioral sciences which have significance for tw

or more institutes, or which are outside the general area of responsibility of any other institute. (P.L. 87-838, 76 Stat. L., 1072). (On January 30, 1963, the National Institute of Child Health and Human Development and the National Institute of General Medical Sciences were established under this Act.)

September 24, 1963 - This law amended the Health Research Facilities Act of 1956 (title VII to the Public Health Service Act) to allow grants for multipurpose facilities that would provide teaching space as well as essential research space. (P.L. 88-129, 77 Stat. L., 164).

October 24, 1963 - The Maternal and Child Health and Mental Retardation Planning Amendments of 1963, signed by President John F. Kennedy, amended the Social Security Act of 1935 by authorizing a five-point grant program of $265 million over a 5-year period. Major provisions, designed to prevent mental retardation, included increased Federal grants for maternal and child health services and crippled children's services administered by the Children's Bureau; a new 5-year program of grants to the States for health care of expectant mothers who have, or are likely to have, conditions associated with childbearing which may lead to mental retardation; funds for research to improve maternal and child health and crippled children's services; and grants to the States to assist in developing plans for comprehensive State and community programs to combat mental retardation. (P.L. 88-156, 77 Stat. L., 273).

October 31, 1963 - A companion measure to Public Law 88-156, the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963," was also signed by President John F. Kennedy. This act authorized a total of $329 million over a five-year period for grants to assist in the construction of mental retardation research centers and community mental health centers, and to train teachers of mentally retarded and other handicapped children. (P.L. 88-164, 77 Stat. L., 282).

DIRECTORS OF THE NATIONAL INSTITUTES OF HEALTH

Name	Date of Birth	Dates of Office	Date of Death
Joseph J. Kinyoun	Nov. 25, 1860	August 1887 to April 30, 1899 1/	Feb. 14, 1919
Milton J. Rosenau	Jan. 1, 1869	May 1, 1899 to Sept. 30, 1909 1/	April 9, 1946
John F. Anderson	Mar. 14, 1873	Oct. 1, 1909 to Nov. 19, 1915 1/	Sept. 29, 1958
George W. McCoy	June 4, 1876	Nov. 20, 1915 to May 26, 1930; 1/ May 26, 1930 to Jan. 31, 1937 2/	April 2, 1952
Lewis R. Thompson	Aug. 6, 1883	Feb. 1, 1937 to Jan. 31, 1942 2/	Nov. 12, 1954
Rolla E. Dyer	Nov. 4, 1886	Feb. 1, 1942 to June 16, 1948; 2/ June 16, 1948 to Oct. 1, 1950 3/	--
William H. Sebrell, Jr.	Sept. 11, 1901	Oct. 1, 1950 to Aug. 1, 1955 3/	--
James A. Shannon	Aug. 9, 1904	Aug. 1, 1955 to Present 3/	--

1/ Director, Hygienic Laboratory.

2/ Director, National Institute of Health.

3/ Director, National Institutes of Health.

BRIEF BIOGRAPHICAL SKETCHES OF THE DIRECTORS OF THE NATIONAL INSTITUTES OF HEALTH

Joseph James Kinyoun, M. D.

Founder and Director of the Hygienic Laboratory, Dr. Joseph J. Kinyoun introduced scientific research into the Marine Hospital Service. His interest in bacteriology and his isolation of the cholera organism laid the groundwork for the present health research program of the National Institutes of Health.

Born in East Bend, North Carolina, on November 25, 1860, Dr. Kinyoun received his M. D. degree from New York University in 1882 and did postgraduate work in Europe under the German bacteriologist, Robert Koch.

Dr. Kinyoun joined the Marine Hospital Service in 1886. In a one-room laboratory on Staten Island, New York, he applied new techniques he had learned in Europe, enabling him to isolate the organism that causes cholera. The Hygienic Laboratory was established in August 1887 and Dr. Kinyoun served as its director until April 30, 1899.

During his government career, Dr. Kinyoun designed the Kinyoun-Francis sterilizer, a shipboard disinfecting apparatus. In 1903 he retired from public service, and after working in private industry and as a professor at the George Washington University, he became a bacteriologist in the District of Columbia Health Department, a post which he held until his death on February 14, 1919.

Milton Joseph Rosenau, M. D.

As second Director of the Hygienic Laboratory, Dr. Milton J. Rosenau was responsible for widely expanding its scope of investigations.

Dr. Rosenau was born in Philadelphia on January 1, 1869. After receiving his M. D. degree from the University of Pennsylvania, he did postgraduate work in Europe in the field of sanitation and public health.

In 1890 he recived his commission in the Marine Hospital Service and became Director of the Hygienic Laboratory on May 1, 1899.

A pioneer in the study of anaphylaxis, he also conducted research on yellow fever, malaria, typhoid fever, poliomyelitis, disinfectants, and the pasteurization of milk. His Preventive Medicine and Hygiene is a standard text for students of public health.

On September 30, 1909, Dr. Rosenau resigned from government service to join the staff of Harvard Medical School. In 1936 he went to the University of North Carolina where he served as Director of the Public Health School until his death on April 9, 1946.

John F. Anderson, M. D.

Dr. John F. Anderson, third Director of the Hygienic Laboratory, was among the early scientists who made the Laboratory well known in scientific circles.

Dr. Anderson was born in Fredericksburg, Virginia, March 14, 1873. After receiving his M. D. degree at the University of Virginia, he went abroad to study bacteriology. Upon returning in 1898, he joined the Marine Hospital Service and on October 1, 1909, succeeded Dr. Rosenau as Director of the Hygienic Laboratory.

Throughout his career in the Service, Dr. Anderson was actively engaged in research. He studied serum and vaccine therapy, immunology, cholera, typhus, poliomyelitis, and public health and sanitation problems. He worked with Dr. Milton J. Rosenau on tuberculosis, anaphylaxis, and hypersusceptibility, and with Dr. Joseph Goldberger on the transmission of measles to monkeys, providing science with an experimental animal for that disease.

Dr. Anderson served as Director of the Hygienic Laboratory until November 19, 1915, when he resigned to become Director of the Research and Biological Laboratories and later vice-president of E. R. Squibb and Sons. He died on September 29, 1958.

George Walter McCoy, M. D.

Dr. George W. McCoy was during his lifetime the nation's greatest authority on leprosy. For his many contributions to public health, he won the Sedgwick Memorial Medal of the American Public Health Association in 1921.

Born in Cumberland Valley, Pennsylvania, on June 4, 1876, he entered the Marine Hospital Service in 1900 after graduating from the University of Pennsylvania Medical School.

During his first assignment at the Marine Hospital in San Francisco, he became interested in leprosy. While heading the U. S. Plague Laboratory in San Francisco from 1908 to 1911, he discovered that the California ground squirrel is responsible for the spread of the organism causing tularemia.

On November 20, 1915, he became fourth Director of the Hygienic Laboratory, renamed National Institute of Health in 1930. During this period he conducted important studies in influenza, poliomyelitis, smallpox, tularemia, amoebic dysentary and pneumonia. Dr. McCoy served as Director until January 31, 1937.

After conducting a nationwide survey on leprosy, Dr. McCoy retired from the Public Health Service on June 30, 1938, and joined the staff of Louisiana State University in New Orleans. He died on April 2, 1952.

Lewis Ryers Thompson, M. D.

Dr. Lewis R. Thompson was intensely interested in research on industrial health problems and on problems of stream pollution.

Born in Lafayette, Indiana, August 6, 1883, he joined the Public Health Service in 1910 having graduated from Louisville Medical College. After becoming Chief of the Division of Scientific Research in 1930, he administered field investigations of stream pollution, malaria, cancer, nutritional diseases, child hygiene, milk, dental problems and industrial hygiene. When the Division was merged with the National Institute of Health, Dr. Thompson became NIH director on February 1, 1937.

Dr. Thompson was largely responsible for securing the present-day site of the National Institutes of Health and for securing appropriations for the construction of NIH's first six buildings. He served as Director until January 31, 1942, and after retiring from the Public Health Service in 1947 became a scientific director of the International Health Division of the Rockefeller Foundation. He died on November 12, 1954.

Rolla Eugene Dyer, M. D.

Dr. Rolla E. Dyer's major research contributions were in the field of infectious diseases, in particular endemic typhus. He demonstrated how endemic typhus is spread and helped develop a vaccine to protect against the disease.

Born in Delaware County, Ohio, November 4, 1886, Dr. Dyer received his M. D. degree from the University of Texas and joined the Public Health Service in 1916.

His first assignment involved field work on bubonic plague in New Orleans. Five years later he joined the staff of the Hygienic Laboratory, became Chief of the Division of Infectious Diseases in 1936, and Director of the National Institute of Health in 1942.

As Director, Dr. Dyer organized the Division of Research Grants, assisted in planning the Clinical Center, and helped establish three new institutes: the National Heart Institute, National Institute of Dental Research, and National Institute of Mental Health.

After retiring from active duty on October 1, 1950, Dr. Dyer served as a member of the Scientific Board of Directors of the International Health Division of the Rockefeller Foundation.

Among his many honors are the Lasker Award and the Sedgwick Memorial Medal of the American Public Health Association.

William Henry Sebrell, Jr., M. D.

A leading international authority on nutrition, Dr. William H. Sebrell first recognized and described the dietary deficiency disease, ariboflavinosis, and made significant contributions to knowledge of dietary needs and deficiencies.

Born in Portsmouth, Virginia, on September 11, 1901, Dr. Sebrell received his M. D. degree from the University of Virginia and joined the Public Health Service in 1926.

He began his research career under Dr. Joseph Goldberger who demonstrated that pellagra is a deficiency disease. During the 1930's, Dr. Sebrell made many important contributions to our knowledge of the anemias and the role of diet in cirrhosis of the liver.

During World War II, Dr. Sebrell was co-Director of the National Nutrition Program which coordinated activities of all State agencies working in the field of nutrition. This program aided food production and the maintenance of civilian health during the war years.

In 1948 he became Director of the Experimental Biology and Medicine Institute, and on October 1, 1950, was appointed Director of the National Institutes of Health. He held this post until his retirement on August 1, 1955.

Dr. Sebrell helped formulate the first international standards of nutrition for the League of Nations, and pioneered in gaining acceptance of scientific nutrition as a regular function of modern state and local health departments.

James A. Shannon, M. D.

Dr. James A. Shannon, widely recognized in the scientific world for his original research in kidney function, chemotherapy, and malaria, has, throughout his career, been devoted to medical research, teaching, and public service.

Born in Hollis, New York, on August 9, 1904, he received his M. D. degree in 1929 and a Ph.D. degree in physiology in 1935 from New York University.

Following his internship at Bellevue Hospital in New York, he taught in the department of physiology at New York University College of Medicine from 1931 to 1941, and directed research at the University's Goldwater Memorial Hospital from 1940 to 1945.

During periods of leave, he served as guest investigator at the physiological laboratory, University of Cambridge, England, and as a member of the staff of the Marine Biological Laboratory at Woods Hole, Massachusetts.

During World War II, Dr. Shannon played a prominent part in malaria research activities of the National Research Council and was consultant on tropical diseases to the Secretary of War. In recognition of this work, he received the Presidential Medal for Merit, one of the highest awards for civilian service in government.

Before joining the Public Health Service in 1949, Dr. Shannon was Director of the Squibb Institute for Medical Research from 1946-1949, and special consultant to the PHS Surgeon General.

He then served as associate director in charge of research in the National Heart Institute until 1952. After holding the post of Associate Director, NIH, for three years, Dr. Shannon became its Director on August 1, 1955.

In 1962 the National Academy of Sciences awarded Dr. Shannon its most distinguished medal, the Public Welfare Medal for "eminence in the application of science to the public welfare."

SURGEONS GENERAL OF THE PUBLIC HEALTH SERVICE

Names	Date of Birth	Dates of Office	Date of Death
John Maynard Woodworth	Aug. 15, 1837	April 1871 to March 14, 1879 [1]	March 14, 1879
John B. Hamilton	Dec. 1, 1847	April 3, 1879 to June 1, 1891 [2]	Dec. 24, 1898
Walter Wyman	Aug. 17, 1848	June 1, 1891 to Nov. 21, 1911 [3]	Nov. 21, 1911
Rupert Blue	May 30, 1867	Jan. 13, 1912 to Mar. 1, 1920 [4]	Apr. 12, 1948
Hugh Smith Cumming	Aug. 17, 1869	Mar. 3, 1920 to Jan. 31, 1936 [5]	Dec. 20, 1948
Thomas Parran	Sept. 28, 1892	Apr. 6, 1936 to Oct. 1, 1948 [5]	--
Leonard A. Scheele	July 25, 1907	Apr. 6, 1948 to Aug. 2, 1956 [5]	--
Leroy E. Burney	Dec. 31, 1906	Aug. 8, 1956 to Jan. 29, 1961 [5]	--
Luther L. Terry	Sept. 15, 1911	Mar. 24, 1961 to Present [5]	--

1/ Served as Supervising Surgeon of the Marine Hospital Service until March 3, 1875 when his title was changed to Supervising Surgeon General.

2/ Surgeon General, Marine Hospital Service.

3/ Surgeon General, Marine Hospital Service, and Surgeon General, Public Health and Marine Hospital Service (after July 1, 1902).

4/ Surgeon General, Public Health and Marine Hospital Service, and Surgeon General, Public Health Service (after August 14, 1912).

5/ Surgeon General, Public Health Service.

ADMINISTRATORS OF THE FEDERAL SECURITY AGENCY

Name	Dates of Office
Paul V. McNutt	1939 - 1945
Watson B. Miller	1945 - 1947
Oscar R. Ewing	1947 - 1953
Oveta Culp Hobby	Jan. 1953 - April 1953 1/

1/ The Department of Health, Education and Welfare was established by Act of Congress on April 11, 1953.

SECRETARIES OF THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

Name	Dates of Office
Oveta Culp Hobby	April 11, 1953 - July 31, 1955
Marion B. Folsom	August 1, 1955 - July 31, 1958
Arthur S. Flemming	August 1, 1958 - January 19, 1961
Abraham A. Ribicoff	January 20, 1961 - July 13, 1962
Anthony J. Celebrezze	July 31, 1962 - Present

PART II

THE INSTITUTES AND DIVISIONS

NATIONAL CANCER INSTITUTE

MISSION OF THE NATIONAL CANCER INSTITUTE

The National Cancer Institute:

-- Conducts and contracts for research, investigations, experiments and studies relating to the cause, prevention and methods of diagnosis and treatment of cancer.

-- Makes grants-in-aid to universities, hospitals, laboratories, and other public or private non-profit institutions, and to individuals for research, research training, and research fellowships.

-- Cooperates and collaborates with State and local health agencies, voluntary organizations, and other institutions and societies engaged in cancer research activities.

-- Maintains liaison with the Bureau of State Services in planning and developing programs of mutual interest.

-- Collects and makes available information on cancer.

IMPORTANT EVENTS IN THE HISTORY OF NCI

August 5, 1937 - President Franklin D. Roosevelt signed the "National Cancer Act."

November 9, 1937 - The National Advisory Cancer Council held its first meeting.

November 27, 1937 - The Surgeon General awarded first grants-in-aid on the recommendation of the National Advisory Cancer Council.

January 3, 1938 - The National Advisory Cancer Council recommended approval of first awards for fellowships in cancer research.

January 13, 1938 - Dr. Carl Voegtlin was appointed the first director of the Institute.

March 28, 1938 - Congress passed a resolution authorizing the President of the United States to issue annually a proclamation setting apart the month of April of each year as Cancer Control Month.

October 3, 1938 - The Institute held ground breaking ceremonies for the National Cancer Institute building.

October 6, 1938 - The National Advisory Cancer Council recommended approval of the first radium loan.

June 24, 1939 - Cornerstone laying ceremonies were held for Building 6.

October 1939 - The Institute moved into Building 6.

August 1940 - The Journal of the National Cancer Institute published its first issue.

October 31, 1940 - President Franklin D. Roosevelt dedicated Building 6.

July 1, 1946 - The Cancer Control program was established with appropriations to the States for support of cancer control activities.

- NCI's staff was organized into six sections: biology, biochemistry, biophysics, chemotherapy, epidemiology and pathology.

July 1, 1947 - NCI reorganized to provide for expanded program; intramural cancer research, cancer research grants and cancer control activities.

November 13, 1947 - The Research Grants and Fellowship Branch was established.

April 1, 1948 - The Environmental Cancer Section was established with the responsibility for research into cancer causation.

October 1948 - A Grants program to medical, dental, and osteopathic schools was initiated for improvement of cancer teaching.

July 2, 1953 - NCI inaugurated a full-scale clinical research program in new NIH Clinical Center.

April 1955 - The Cancer Chemotherapy National Service Center was established in the Institute to coordinate the first national, voluntary, cooperative cancer chemotherapy program.

August 1957 - August issue of the Journal of the National Cancer Institute commemorated the 20th anniversary of the Institute.

November 25, 1957 - The Board of Scientific Counselors was established to evaluate and advise on intramural research.

November 1959 - The Journal of the National Cancer Institute inaugurated a series of occasional publications as Monographs to be used for longer scientific communications.

September 13, 1960 - The Director of NCI appointed an Associate Director for Grants and Training, Associate Director for Field Studies and Associate Director for Collaborative Research.

November 14, 1960 - The Diagnostic Research Branch was established with responsibility for developing techniques for detection and diagnosis of cancer.

January 12, 1961 - The Laboratory of Viral Oncology was established encompassing studies on viruses involved in human cancer.

March 28, 1961 - The Director of NCI appointed an Associate Director for Program to assist in coordinating program with responsibility for program analysis and planning, and Director of Intramural Research.

April 21, 1961 - The President's Conference on Heart Disease and Cancer was held.

July 7, 1961 - The Virology Research Resources Branch was established for development of research materials needed in cancer-virus studies.

April 2, 1962 - An exhibit, "Man Against Cancer," opened in Washington, D.C. to commemorate the 25th anniversary of the Institute and inaugurate Cancer Progress Year.

May 7, 1962 - The Acute Leukemia Task Force held its first meeting. It focused the combined efforts and resources of scientists on studies of therapy of the acute leukemia patient.

October 25, 1962 - The Human Cancer Virus Task Force held its first meeting. The task force was made up of scientists

at the Institute and other institutions to try to determine what specific role viruses may play in human cancer causation.

July 1, 1963 - The intramural area of NCI was reorganized to include a Director of Intramural Research, assisted by a Clinical Director responsible for patient care, and three Associate Scientific Directors, each responsible for a group of branches or laboratories.

LEGISLATIVE CHRONOLOGY OF NCI

February 4, 1927 - Senator M. M. Neely, West Virginia, introduced S. 5589, "To authorize a reward for the discovery of a successful cure for cancer, and to create a commission to inquire into and ascertain the success of such cure." The reward was to be $5,000,000.

March 7, 1928 - Senator M. M. Neely introduced S. 3554, "To authorize the National Academy of Sciences to investigate the means and methods for affording Federal aid in discovering a cure for cancer and for other purposes."

April 23, 1929 - Senator W. J. Harris, Georgia, introduced S. 466, "To authorize the Public Health Service and the National Academy of Sciences jointly to investigate the means and methods for affording Federal aid in discovering a cure for cancer and for other purposes."

May 29, 1929 - Senator W. J. Harris introduced S. 4531, authorizing a survey in connection with the control of cancer and providing "That the Surgeon General of the Public Health Service is authorized and directed to make a general survey in connection with the control of cancer and submit a report thereon to the Congress as soon as practicable, together with his recommendations for necessary Federal legislation."

April 2, 1937 - Senator Homer T. Bone of Washington State introduced S. 2067, "Authorizing the Surgeon General of the Public Health Service to control and prevent the spread of the disease of cancer." It authorized an annual appropriation of $1,000,000.

April 12, 1937 - Congressman Warren G. Magnuson of Washington State introduced H. R. 6100, an identical bill to S. 2067.

April 29, 1937 - Congressman Maury Maverick of Texas introduced H. R. 6767, "To promote research in the cause, prevention, and methods of diagnosis and treatment of cancer, to provide better facilities for the diagnosis and treatment of cancer, to establish a National Cancer Center in the Public Health Service, and for other purposes." It authorized an appropriation of $2,400,000 for the first year and $1,000,000 annually thereafter. The legal office of the Public Health Service had helped draft the bill on the basis of suggestions made by Dr. Dudley Jackson of San Antonio, Texas.

June 24, 1937 - Congressman John F. Hunter of Ohio introduced House Joint Resolution 428. This resembled Mr. Maverick's bill except that it made the new cancer center a memorial to Thomas Jefferson.

July 8, 1937 - A joint hearing of the Senate and House Committees was conducted before a subcommittee on "Cancer Research," and a revised bill was written.

July 23, 1937 - The "National Cancer Institute Act", Public Law 244, 75th Congress, was passed by Congress.

August 5, 1937 - The "National Cancer Institute Act", Public Law 244, 75th Congress, was signed by President Franklin D. Roosevelt, "To provide for, foster, and aid in coordinating research relating to cancer; to establish the National Cancer Institute; and for other purposes." An appropriation of $700,000 for each fiscal year was authorized.

March 28, 1938 - House Joint Resolution 468, 75th Congress was passed, "To dedicate the month of April in each year to a voluntary national program for the control of cancer."

July 1, 1944 - The "Public Health Service Act", Public Law 410, 78th Congress provided that "The National Cancer Institute shall be a division in the National Institutes of Health." The Act also revised and consolidated many revisions into a single law. A limit of $700,000 annual appropriation was removed.

August 15, 1950 - Public Law 692, 81st Congress, increased the term of office of Council members from 3 to 4 years and the size of the Council from 6 to 12 members exclusive of the ex-officio members.

BRIEF BIOGRAPHICAL SKETCHES OF THE DIRECTORS OF THE NATIONAL CANCER INSTITUTE

Carl Voegtlin, Ph. D.

Dr. Carl Voegtlin, the Institute's first director, was born in Zofingen, Switzerland on July 28, 1879. He studied at the University of Basel, University of Munich, University of Geneva, and received a Ph. D. degree in 1904 from the University of Frieburg.

Upon arriving in the United States in 1905, he became a chemistry instructor at the University of Wisconsin, and the following year went to Johns Hopkins where he remained until 1913. As Professor of Pharmacology and Chief of the Division of Pharmacy at the Hygienic Laboratory his cancer research was largely confined to the biochemical aspects.

During World War II and for several years thereafter he was lecturer in Pharmacology at the University of Rochester, which conferred upon him an honorary degree of Doctor of Science for his contributions to war and other research efforts.

Dr. Voegtlin became Director of the National Cancer Institute on January 13, 1938, and held this post until his retirement from the Public Health Service on July 31, 1943. He retained an active interest in the National Cancer Institute until his death in 1960.

Roscoe Roy Spencer, M. D.

Dr. Roscoe Roy Spencer was born in King William County, Virginia, July 28, 1888, and received his M. D. degree from Johns Hopkins in 1913. Before becoming the National Cancer Institute's first Assistant Chief, he was noted for his contribution in the investigations of Rocky Mountain spotted fever.

Dr. Spencer became Director of the National Cancer Institute on August 1, 1943 and remained in this post until July 1, 1947. He had assignments with the Public Health Service until his retirement in 1952.

Leonard Andrew Scheele, M. D.

Dr. Leonard Andrew Scheele was born in Fort Wayne, Indiana, July 25, 1907. He received an A. B. degree from University of Michigan and M. D.

degree from Wayne University.

Upon entering the Public Health Service he served as Assistant Quarantine Officer, Health Officer, Special Cancer Fellow at Memorial Hospital in New York City, Officer-in-charge of the National Cancer Control Program and Chief of Medical Division of Civilian Defense before becoming Assistant Chief of the National Cancer Institute in 1946.

Dr. Scheele served as Director of the National Cancer Institute from July 1, 1947 to April 6, 1948 when he was appointed Surgeon General of the Public Health Service. Upon retirement from the Public Health Service in 1956, he became the President of Warner-Chilcott Laboratories, Warner-Lambert Pharmaceutical Company.

John Roderick Heller, M. D.

Dr. John Roderick Heller was born in Fair Play, South Carolina, on February 27, 1905, and received his M. D. degree from Emory University, Atlanta, Georgia. He was commissioned in the Public Health Service in 1934, and became Chief of the Public Health Service's Venereal Disease Division before becoming Director of the National Cancer Institute on May 15, 1948, a post which he held until July 1, 1960.

In February 1964, Dr. Heller resigned as President and Chief Executive Officer of Memorial Sloan-Kettering Cancer Center, to which he had been appointed in 1960. He is now serving as Vice Chairman of the Board of Trustees of the Center and as Special Consultant on International, Medical and Scientific Affairs to the American Cancer Society, New York.

Kenneth Milo Endicott, M. D.

Dr. Kenneth Milo Endicott was born in Canon City, Colorado, June 6, 1916, and received his M. D. degree from the University of Colorado in 1939.

He entered the Public Health Service in 1940, and served in the Division of Pathology and as Scientific Director, Division of Research Grants, National Institutes of Health, before being appointed Chief of the Cancer Chemotherapy National Service Center in 1955. In 1958 he was appointed Associate Director, National Institutes of Health, and served in this capacity until appointed Director of the National Cancer Institute on July 1, 1960.

NCI ANNUAL APPROPRIATIONS SINCE FY 1938

Fiscal Year	Amount
1938	$ 400,000
1939	400,000
1940	570,000
1941	570,000
1942	565,000
1943	534,870
1944	530,000
1945	561,000
1946	548,700
1947	1,820,900
1948	14,500,000
1949	14,000,000
1950	18,900,000
1951	20,086,000
1952	19,656,750
1953	17,887,000
1954	20,237,000
1955	21,737,000
1956	24,978,000
1957	48,432,000
1958	56,402,000

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Fiscal Year	Amount
1959	$ 75,268,000
1960	91,257,000
1961	111,000,000
1962	142,836,000
1963	155,742,000
1964	143,194,000

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NCI APPROPRIATIONS

FOR GRANTS AND DIRECT OPERATIONS, FY 1950-1964

Fiscal Year	Total Grants[1/]	Direct Operations	Total
1950	$ 14,400,000	$ 4,500,000	$ 18,900,000
1951	15,217,000	4,869,000	20,086,000
1952	14,640,000	5,016,750	19,656,750
1953	12,220,000	5,667,000	17,887,000
1954	14,324,000	5,913,000	20,237,000
1955	15,096,000	6,641,000	21,737,000
1956	16,246,000	8,732,000	24,978,000
1957	32,672,000	15,760,000	48,432,000
1958	31,134,000	25,268,000	56,402,000
1959	39,941,000	35,327,000	75,268,000
1960	49,935,000	41,322,000	91,257,000
1961	68,183,000	42,817,000	111,000,000
1962	86,855,000	55,981,000	142,836,000
1963	89,796,000	65,946,000	155,742,000
1964	81,041,000	62,203,000	143,194,000

1/ Includes grants for research, fellowships, training, state control programs, community demonstration projects, etc.

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NCI EXTRAMURAL GRANT AND AWARD[1/] APPROPRIATIONS

FY 1946-1963

(amounts in thousands of dollars)

Fiscal Year	Amount
1946	$ 128
1947	843
1948	4,650
1949	6,300
1950	5,725
1951	6,085
1952	6,015
1953	8,270
1954	10,974
1955	11,746
1956	12,696
1957	28,522
1958	26,984
1959	35,291
1960	46,185
1961	63,183
1962	80,855
1963	81,546
Total	$435,998

1/ Includes research, fellowship and training grants only. Excludes state control programs, community demonstration projects, etc.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NUMBER AND AMOUNT OF RESEARCH GRANTS AWARDED BY NCI

FY 1938-1963

(amounts in thousands of dollars)

Fiscal Year	Number	Amount
1938	9	$ 91
1939	10	68
1940	13	61
1941	12	78
1942	12	78
1943	9	49
1944	5	53
1945	9	85
1946	13	77
1947	51	470
1948	343	4,208
1949	389	4,557
1950	316	2,708
1951	335	3,389
1952	320	3,161
1953	481	5,066
1954	670	7,552
1955	720	8,500
1956	779	9,678
1957	1,165	18,790
1958	1,301	22,040

(continued)

(continued)

Fiscal Year	Number	Amount
1959	1,635	$ 29,742
1960	1,793	34,379 1/
1961	1,806	43,158
1962	1,914	47,501
1963	1,792	54,530

1/ Excludes $500,000 for metabolic research center grants funded to DGMS.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NCI RESEARCH CONTRACTS EXECUTED, 1960-63 1/

YEAR	AMOUNT
1960	$19,170,398
1961	6,565,851
1962	7,590,972
1963	8,708,973
Total	$42,036,194

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

NCI EMPLOYEES, 1951-1963

Year	Number of Employees
1951	595
1952	622
1953	601
1954	649
1955	741
1956	929
1957	1,118
1958	1,038
1959	1,214
1960	1,201
1961	1,295
1962	1,323
1963	1,331

Source: Personnel Management Branch, Office of the Director, NIH.

NCI FIELD STATIONS OR OTHER SPECIAL FACILITIES

Office space at the Bureau of Mines
U.S. Department of the Interior
4800 Forbes Street
Pittsburgh, Pennsylvania

NCI personnel, since May 1953, have conducted statistical studies of the mortality risk associated with occupational exposure at this field station.

Office space at Children's Cancer Research Foundation
35 Binney Street
Boston, Massachusetts

NCI personnel, since October 1955, have conducted statistical studies of environmental and other possible cancer-causing factors related to childhood leukemia.

Office space in the Washington County Health Department
1302 Pennsylvania Avenue
Hagerstown, Maryland

NCI personnel, since November 1958, have conducted statistical studies of a relatively stable human population of 100,000 persons in order to identify environmental, geographic, and familial factors relating to cancer causation.

Office space at the Michigan State University
East Lansing, Michigan

NCI personnel, since August 1961, have conducted statistical studies of various types of cancer in animals that may produce important information concerning causation of cancer in man.

Office space at the Children's Hospital of Los Angeles
4614 Sunset Boulevard
Los Angeles, California

NCI personnel, since July 1962, have conducted statistical studies of (1) excess in lung cancer mortality among Mexican Women in California as compared with California-born women of Mexican descent; (2) relationship of childhood leukemia to complications of pregnancy and disorders associated with cytogenetic defects; and (3) brain tumors and congenital defects of the central nervous system in children.

SPECIAL PROGRAMS OF NCI

National Cancer Chemotherapy Research Program

This program was established in April 1955 to expedite the development of effective anticancer drugs. The program embraces every phase of drug research from acquisition and screening of new materials to clinical trials of promising compounds.

NIH-National Institute of Health and Medical Research Joint Research Program, Ghana

This program, administered by the National Cancer Institute, was established in January 1962 in response to a specific request from President Nkrumah of Ghana to President John F. Kennedy. The Government of Ghana asked that the U.S. Government collaborate with the National Institute of Health and Medical Research of Ghana in developing a program of medical research on health problems of concern to both countries. Under a formal agreement, the Ghanaian Government provides laboratory and clinical space, facilities, and housing; the U.S. Government provides technical and professional staff, equipment, and supplies.

Acute Leukemia Task Force

NCI organized this Task Force in May 1962 to extend the progress made in drug treatment and to work out the problems that need to be solved before the newer methods of supportive therapy can be widely used. It is composed of Institute staff members and prominent investigators from a number of institutions participating in the leukemia studies conducted under the auspices of the National Cancer Chemotherapy Program. The objective of the Task Force is to focus closely coordinated efforts and resources on intensive chemotherapeutic and supportive treatment of the acute leukemia patient.

Human Cancer Virus Task Force

This Task Force was established in October 1962 to develop new strategic approaches for assessing the role of viruses in the causation of human cancer. It consists of investigators representing the National Cancer Institute, National Institute of Allergy and Infectious Diseases, and several non-Federal laboratories with sizeable virus-cancer research programs. High priority is given by the Task Force to determine whether viral agents are associated with the development of human leukemias and lymphomas.

NCI-AEC 1962 Interagency Agreement

This agreement was signed in November 1962 by the Atomic Energy Commission and the National Cancer Institute for development of zonal centrifuge systems at Oak Ridge National Laboratory in Oak Ridge, Tennessee, for the separation and isolation of small biological particles from large volumes of fluid. The biological particles of interest are those in the size range visible in the light microscope, including larger subcellular particles, nuclei, and mitochondria; and the other, particles visible in electron microscopes, including ribosomes and virus particles.

NCI-AEC 1963 Interagency Project

In March 1963 the NCI launched an interagency project with the Atomic Energy Commission to study the roles of radiation, viruses, and chemicals as causes of cancer, with emphasis of fundamental investigation of the carcinogenic process. The research is being done at the Oak Ridge National Laboratory and takes advantage of the facilities of the Atomic Energy Commission necessary for this type of investigation.

NATIONAL HEART INSTITUTE

MISSION OF THE NATIONAL HEART INSTITUTE

The National Heart Institute:

-- Conducts, fosters, and coordinates research and training on the causes, prevention, diagnosis, and treatment of diseases of the heart and circulation.

-- Conducts research on the nature of the aging process.

-- Provides grants-in-aid to public and private institutions and individuals for cardiovascular research and teaching.

-- Provides training and instruction in both the research and clinical aspects of heart diseases.

-- Provides cardiovascular research fellowships.

-- Collects and disseminates information on cardiovascular diseases and the aging process.

IMPORTANT EVENTS IN THE HISTORY OF NHI

June 16, 1948 - President Harry S. Truman signed the National Heart Act, creating and establishing the National Heart Institute in the Public Health Service and the National Advisory Heart Council as its advisory body.

July 7, 1948 - The services of Dr. Paul Dudley White were secured under Section 4b of the Heart Act "to be Executive Director of the National Advisory Heart Council and Chief Medical Advisor to the National Heart Institute."

August 1, 1948 - Surgeon General Leonard A. Scheele, by General Circular No. 36, Organization Order No. 14, established the National Heart Institute to administer functions of heart research, training, and administration set forth in the National Heart Act. Intramural research projects in cardiovascular diseases and gerontology conducted elsewhere in NIH were transferred to NHI. The Director of NHI was designated as the focal point of leadership and coordination for the total heart program of the Public Health Service.

August 1, 1948 - Dr. Cassius J. Van Slyke was named first Director of the National Heart Institute.

August 29, 1948 - Surgeon General Scheele announced the names of the 16 members appointed to the first National Advisory Heart Council, with varying terms of membership to begin on September 1.

September 8, 1948 - The first meeting of the National Advisory Heart Council was held.

January 1949 - Cooperative Research Units were established at four institutions, jointly financed by the institutions and NHI, pending completion of NHI's own research organization and the availability of

further research facilities. Institutions were the University of California, University of Minnesota, Tulane University, and Massachusetts General Hospital.

July 1, 1949 - A comprehensive plan for NHI's intramural research program was instituted, organized on three general research levels, with 3 laboratory sections, 5 laboratory-clinical sections, and 4 clinical sections.

The Heart Disease Epidemiology Study at Framingham, Massachusetts, was transferred from the Bureau of State Services, PHS, to the National Heart Institute.

January 18-20, 1950 - The first National Conference on Cardiovascular Diseases, sponsored by the National Heart Institute and the American Heart Association, was held in Washington, D. C., to summarize current knowledge and to recommend ways of furthering progress against heart and blood vessel diseases.

December 1, 1952 - Dr. James Watt was appointed Director of NHI to succeed Dr. Van Slyke, who had been appointed Associate Director, National Institutes of Health.

July 6, 1953 - The first patient was admitted to the NIH Clinical Center for heart disease research.

July 1, 1957 - The first members of National Heart Institute Board of Scientific Counselors begin their terms. The Board was established in 1956 "to provide advice to the NHI on matters of general policy, particularly from a long-range viewpoint, as they relate to the intramural research program."

February 1959 - A Report to the Nation was presented by the American Heart Association and the National Heart Institute on "A Decade of Progress Against Cardiovascular Disease", at Department of Commerce Auditorium, Washington, D. C.

September 11, 1961 - Dr. Ralph E. Knutti was appointed Director of the National Heart Institute to succeed Dr. Watt, who was appointed to head the Public Health Service's international activities.

LEGISLATIVE CHRONOLOGY OF NHI

June 16, 1948 - The National Heart Act (Public Law 655) authorized the National Heart Institute." The purpose of the Act was "To improve the health of the people of the United States through the conduct of researches, investigations, experiments, and demonstrations relating to the cause, prevention, and methods of diagnosis and treatment of diseases of the heart and circulation; assist and foster such researches and other activities by public and private agencies, and promote the coordination of all such researches and activities and the useful application of their results; provide training in matters relating to heart diseases, including refresher courses for physicians; and develop, and assist States and other agencies in use of, the most effective methods of prevention, diagnosis, and treatment of heart diseases."

June 25, 1948 - The Second Deficiency Appropriation Act of 1948 (P.L. 785) appropriated "For an additional amount, fiscal year 1949 for 'National Institute of Health, operating expenses', $500,000: Provided, that appropriations under said head for the fiscal year 1949 shall be available for carrying out the purposes of the National Heart Act, including erection of temporary structures for storage of equipment and supplies and housing of animals."

June 29, 1949 - The Labor-Federal Security Appropriation Act, 1950 (P.L. 141) appropriated $10,725,000 for expenses necessary to carry out the purposes of the National Heart Act, including grants-in-aid for drawing plans, erection of buildings, and acquisition of land therefor, and, in addition to the amount appropriated, authorized "the Surgeon General, upon recommendations of the National Advisory Heart Council, to approve applications for research and training grants, including grants for drawing plans, erection of buildings, and acquisition of land therefor, not to exceed a total of $5,350,000, for periods beyong the current fiscal year, and such grants shall, if approved during the current fiscal year, constitute a contractual obligation of the Federal Government."

August 15, 1950 - The "Omnibus Act" of 1950 provided for termination of all appointments to the Heart and other councils on September 30, and for appointment of a full new membership on October 1, 1950. The Act established uniformity in composition of membership and term of office for all councils.

BRIEF BIOGRAPHICAL SKETCHES OF THE DIRECTORS OF THE NATIONAL HEART INSTITUTE

Cassius James Van Slyke, M. D.

Dr. C. J. Van Slyke, first Director of the National Heart Institute, was born in Benton, Minnesota, on December 1, 1900. Dr. Van Slyke took his medical degree at the University of Minnesota in 1928 and entered the Reserve Corps of the Public Health Service the same year.

In 1932, he was commissioned in the regular Corps of the Public Health Service. From 1936 to 1944, Dr. Van Slyke pursued a distinguished career of experimental research at the PHS Venereal Disease Research Laboratory, Staten Island, New York, and in 1944 he was made Assistant Chief of the Venereal Disease Division, Washington, D. C.

He was appointed Chief of the Division of Research Grants and Fellowships, National Institute of Health, in 1946, continuing until named Director of the National Heart Institute on August 1, 1948. He left the NHI on November 30, 1952, to serve as Associate Director of the National Institutes of Health until his retirement December 1, 1959. Dr. Van Slyke received a Lasker Award in 1957.

James Watt, M. D.

Dr. James Watt served as Director of the National Heart Institute from December 1, 1952, through September 10, 1961. Born April 28, 1911, at Thomasville, Georgia, he received his medical degree from Johns Hopkins School of Medicine in 1935 and his doctorate in public health from the Johns Hopkins School of Hygiene and Public Health in 1936.

A member of the Commissioned Corps of the Public Health Service since 1938, Dr. Watt has spent the major part of his professional life in the conduct and administration of medical research and public health activities. He was director of enteric disease research at the School of Tropical Medicine in Puerto Rico from 1940-1942.

For the next 3 years Dr. Watt worked in Louisiana's Charity Hospitals on a study of drugs in treatment of diarrheal diseases. In 1945, Dr. Watt received the Bailey K. Ashford Award of the American Society of Tropical Medicine. During that year, the Chinese Government requested his services in the investigation and control of a serious outbreak of cholera in Chang King.

For several years prior to his appointment as Director of the National Heart Institute in 1952, Dr. Watt was in charge of the field laboratory of the National Microbiological Institute (now NIAID), located at Louisiana State University Medical School. He directed the Heart Institute nearly nine years, until accepting an appointment to head the Office of International Health, Public Health Service, September 11, 1961. Dr. Watt received the Bronfman Prize for Public Health Achievement in November 1961.

Ralph E. Knutti, M. D.

Dr. Ralph E. Knutti is the third and present Director of the National Heart Institute. Dr. Knutti was born in Palo Alto, California, in 1901. He received his M. D. degree at Yale University in 1928. Following a year as Assistant in Pathology at Vanderbilt University and his internship in surgery at Lakeside Hospital, Cleveland, he received an appointment in pathology and bacteriology at the Rockefeller Institute for Medical Research in New York.

From 1932 to 1942 he was instructor, then assistant professor in the pathology department of the University of Rochester. He became associated with the pathology department at the University of Southern California Medical School in 1942 and served as associate professor from 1948 to 1951.

Joining the Public Health Service Commissioned Corps in 1951, he was assigned to the National Institute of Arthritis and Metabolic Diseases as chief of its extramural programs of research grants, training grants, and fellowships and in 1960 he was appointed Associate Director for Extramural Programs. Dr. Knutti is internationally recognized in academic and medical circles for his achievements in advancing medical education and training in the biomedical sciences. He became Director of the National Heart Institute on September 11, 1961.

NHI ANNUAL APPROPRIATIONS SINCE FY 1950

Fiscal Year	Amount
1950	$ 10,725,000
1951	14,200,000
1952	10,082,650
1953	12,000,000
1954	15,168,000
1955	16,668,000
1956	18,898,000
1957	33,396,000
1958	35,936,000
1959	45,613,000
1960	62,237,000
1961	86,900,000
1962	132,912,000
1963	147,398,000
1964	127,423,000

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NHI APPROPRIATIONS

FOR GRANTS AND DIRECT OPERATIONS, FY 1950-1964

Fiscal Year	Total Grants[1/]	Direct Operations	Total
1950	$ 8,633,631	$ 2,091,369	$ 10,725,000
1951	11,676,876	2,523,124	14,200,000
1952	7,515,000	2,567,650	10,082,650
1953	8,706,000	3,294,000	12,000,000
1954	11,576,000	3,592,000	15,168,000
1955	12,510,000	4,158,000	16,668,000
1956	13,690,000	5,208,000	18,898,000
1957	26,755,000	6,641,000	33,396,000
1958	28,224,000	7,712,000	35,936,000
1959	36,056,000	9,557,000	45,613,000
1960	50,935,000	11,302,000	62,237,000
1961	74,140,000	12,760,000	86,900,000
1962	114,182,000	18,730,000	132,912,000
1963	127,464,000	19,934,000	147,398,000
1964	112,580,000	15,278,000	127,423,000

1/ Includes grants for research, fellowships, training, state control programs, community demonstration projects, etc.

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NHI EXTRAMURAL GRANT AND AWARD[1/] APPROPRIATIONS

FY 1950-1963

(amounts in thousands of dollars)

Fiscal Year	Amount
1950	$ 5,034
1951	5,918
1952	6,015
1953	7,206
1954	10,451
1955	11,385
1956	12,565
1957	24,630
1958	26,099
1959	33,931
1960	47,810
1961	70,640
1962	109,182
1963	120,464
Total	$491,330

1/ Includes research, fellowship and training grants only. Excludes state control programs, community demonstration projects, etc.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NUMBER AND AMOUNT OF RESEARCH GRANTS AWARDED BY NHI

FY 1949-1963

(amounts in thousands of dollars)

Fiscal Year	Number	Amount
1949	128	$ 1,487[1/]
1950	388	4,000
1951	403	4,463
1952	378	5,031
1953	438	5,279
1954	605	7,120
1955	726	8,017
1956	756	8,974
1957	1,390	18,344
1958	1,357	19,699
1959	1,571	25,070
1960	2,064	35,947[2/]
1961	2,339	52,491
1962	2,603	69,398
1963	2,433	70,961

1/ Funded from NIH operating expenses.

2/ Excludes $500,000 for metabolic research center grants funded to DGMS.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NHI RESEARCH CONTRACTS EXECUTED, 1960-63 1/

YEAR	AMOUNT
1960	$ 28,065
1961	21,858
1962	58,589
1963	176,199
Total	$284,711

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

NHI EMPLOYEES, 1951-1963

Year	Number of Employees
1951	251
1952	269
1953	327
1954	373
1955	388
1956	422
1957	476
1958	473
1959	574
1960	641
1961	666
1962	705
1963	745

Source: Personnel Management Branch,
Office of the Director, NIH.

NHI FIELD STATIONS OR OTHER SPECIAL FACILITIES

Domestic Units

Gerontology Branch of NHI
Baltimore City Hospitals
Baltimore, Maryland

Initiated at NIH in 1940 and subsequently developed in the Baltimore location, this internationally recognized research program on aging was transferred to the NHI when the Institute was established August 1, 1948. Utilizing laboratory and patient space provided at the Hospitals, investigations are directed toward describing the biochemical, physiological and psychological changes that occur with increasing age and studying the basic mechanisms that bring about these changes.

Framingham Heart Disease Epidemiology Study, NHI
Framingham, Massachusetts

A unit of the NHI's Collaborative Studies organizations, this long-term study was transferred to the NHI on July 1, 1949. Designed to investigate factors involved in the development and progression of heart disease, comprehensive examinations are given at two-year intervals to several thousand study participants randomly selected from those of the community population aged 30 to 59 at the time of their first examination. With knowledge gained as some of the participants develop heart disease over the years, the study is providing information on the factors that increase the risk or are involved in heart disease.

Field Epidemiology Research Section, NHI
Framingham, Massachusetts

This unit of the NHI Collaborative Studies organization, concerned with variety of epidemiological studies, was originally located at Memphis, Tennessee.

Overseas Unit

Pakistan-SEATO Cholera Research Laboratories
Dacca, East Pakistan

NHI investigators have been conducting research and clinical work at this laboratory through the Collaborative Studies organization which provides an administrative mechanism for international research involving population studies and any fundamental problem of cardiovascular disease. At Dacca, NHI scientists are studying acute disturbances (such as occur in cholera) in the normal mechanism by which the bowel transports ions into the bloodstream. They hope to learn more about longer-term disturbances that occur in chronic heart failure and kidney disease.

SPECIAL PROGRAMS OF NHI

Cooperative Study on Dicumarol

This milestone investigation of the value of anti-coagulant therapy in the treatment of coronary heart disease and other thrombo-embolic complications of cardiovascular disease was initiated in 1947 prior to existence of the National Heart Institute. The research grants supporting the collaborative endeavor were transferred to NHI following its creation, however, and thus the study is chronologically the first special program associated with the Heart Institute. The study was terminated in 1949.

Cooperative Study on Hormone Therapy of Rheumatic Fever

This study by research centers in the United Kingdom, Canada and the U. S. of the relative effectiveness of ACTH, cortisone, and aspirin in treatment of acute rheumatic fever and prevention of rheumatic heart disease, was initiated in 1950 and terminated in 1958.

Cooperative Study on Lipoproteins

Studies to determine the significance of the presence of "giant" lipoprotein molecules in the blood as predictive indicators of the likelihood of developing coronary heart disease were undertaken by investigators at four institutions between 1950 and 1958.

International Research Activities

NHI interest in this area has been manifest almost since its establishment. It has taken many forms through the years, including provision for foreign visiting scientists

working in NHI laboratories, awards of research grants and fellowships, participation in cooperative studies, support of world meetings, and in other ways, such as the Exchange missions with Russia.

National Blood Program

NHI was given responsibility for medical research and development aspects under this program in 1950. With the advent of the Korean conflict and the threat of atomic bombing, needs for availability of blood for medical use were considered urgent. Grants were made in support of research on blood and its derivatives, aimed at more efficient and more effective utilization.

Conferences

The support of special cardiovascular conferences and symposia, particularly of a research-oriented, problem-focusing, or communications-generating character, has long been an area of considerable interest to NHI. The First National Conference on Cardiovascular Disease, 1950, was a notable instance; from that time many other meetings of special significance have been supported.

Publications

The support of needed journals, conference publications, research monographs, and other materials has been a communications activity of particular interest since 1950. Publications such as the Heart Bulletin, the Cardiovascular Diseases section of Excepta Medica, the Journal of Lipid Research, and a great many proceedings and transactions of landmark quality have resulted from support in this area.

Inter American Cooperative Study of
Atherosclerotic Lesions

In 1957, NHI began investigation of the geographic pathology of human atherosclerotic lesions through collection, stand-

ardized preparation, and analysis of coronary arteries, aortas, and cerebral arteries from natural and accidental deaths in the U.S., Central and South America, the Caribbean, South Africa, and the Orient.

Program for Lipid Standards

This program was instituted in 1958 to make available to scientists in the lipid field reference samples and reference mixtures of known composition and high purity. The program is operated, under guidance of a program officer at NHI, with the aid of an expert advisory committee which defines objectives for reference fatty acids, plans procural of reference compounds, and compares results of tests in members' laboratories with the reference mixtures developed from their discussions.

U.S. U.K. Joint Studies on
Cardiopulmonary Diseases

This program, initiated in 1959, was designed to help standardize diagnostic techniques and to compare the form and occurrence in England and the U.S. of coronary disease, chronic bronchitis, and lung cancer, since major differences have been reported between the two countries.

Cooperative Study of Extracranial
Arterial Occlusion

In 1959, NHI began investigation of obstruction of extracranial arteries supplying the brain as a cause of symptoms of cerebral insufficiency, with surgery of suitable angiographically-confirmed lesions, and evaluation of results of surgical or other treatment.

Cooperative Study in Physiological
Role of D-Thyroxin

This study was designed in 1959 to determine the potential clinical usefulness of D-Thyroxin (l) as an agent for

inhibiting the output of thyroid-stimulating hormone and (2) as an agent in lowering blood cholesterol.

International Cooperative Study on the Epidemiology of Heart Disease

This study, initiated in 1959, involves examinations and measurements of middle-aged men in defined geographical areas in Italy, Yugoslavia, Finland, Greece, the Netherlands, and the U.S., to reveal cardiovascular disease and to characterize the individuals with regard to variables that may be related to etiology or clinical manifestation.

Cooperative Study of Antiarrhythmic and Anticoagulant Drugs

This study, initiated in 1960, is designed for clinical evaluation of relative merits of heparin and warfarin in treatment of heart attacks; and determination of whether prophylactic use of anti-arrhythmia medication results in lowered mortality and lowered incidence of cardiac arrhythmias.

Cooperative Study on Renovascular Hypertension

This study was designed in 1960 for rapid accumulation of data on incidence and natural history of renovascular hypertension, evaluation of tests for diagnosing renal artery lesions causing high blood pressure, and appraisal of surgical treatment and methods for predicting its outcome.

U.S.P.H.S. Cooperative Drug Study

In 1960 there was established among Public Health Service Hospitals a basic organizational structure for prompt clinical evaluation of new therapeutic agents by scientifically controlled and designed cooperative studies.

Primate Research Centers Program

This program was initiated in 1960 to meet the need for suitable facilities for conducting research in species similar to man both structually and physiologically. Awards for establishment of five regional primate centers and one national primate conditioning center were made by the Heart Institute in this pioneering program. The Primate Research Center program was transferred to the Division of Research Facilities and Resources of NIH on July 1, 1963.

Cooperative Diet and Heart Disease Feasibility Study

Preliminary investigations have been in progress since 1960 at five locations to assess ability to carry out a large scale mass study of the effect of modification of diet on prevention of coronary heart disease.

Cooperative Study of Drugs and Coronary Heart Disease

This study, initiated in 1961, involves long-term carefully controlled clinical trials of anticholesterolemic and other drugs, to evaluate their ability to reduce the incidence of implications of coronary disease.

Cooperative Study of Lipids in Baboons.

An investigation into the lipid composition of blood, liver, kidney, heart, aorta, adipose tissue, and bile of baboons fed a high cholesterol fat diet (U.S.) and those on a normal cholesterol fat diet in their native environment (Belgian Congo), was initiated in 1961.

Cooperative Study of Fetal Heart Rate Patterns

This study, begun in 1962, involves the application of digital computer techniques to the analysis of fetal

patterns, correlation with events of pregnancy and birth, and relation to first five years of infant's growth and development.

Cooperative Study of Natural History of Congenital Cardiac Defects

In 1962, NHI began a retrospective study of records of patients with congenital heart malformations at five participating institutions to develop information concerning the prognosis in cases not treated by surgery.

Cooperative Study on Cardiac Catheterization

This 1963 study involves accumulation, by survey of a number of catheterization centers, of information on the nature of diagnostic procedures used, the patients undergoing the procedures, the incidence of complications, and a summary of joint experience in those uncommon forms of heart disease with which a single laboratory would not have had extensive experience.

NATIONAL INSTITUTE OF ALLERGY
AND INFECTIOUS DISEASES

MISSION OF THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

The National Institute of Allergy and Infectious Diseases:

-- Conducts, fosters, and coordinates research on the cause, prevention, diagnosis, and treatment of infectious, parasitic and allergic diseases.

-- Conducts basic research on the physiology, biochemistry, biophysics, chemotherapy, and immunology of microorganisms, and their relationship to human infection and disease.

-- Provides research grants to investigators in private institutions and fellowships and training grants to promising young scientists.

-- Adapts and applies laboratory findings in the microbiological field to specific disease control measures, including the development and testing of prototype virus and other microbial vaccines.

-- Develops, produces and distributes standardized virus reference reagents and allergens to the national scientific community.

-- Maintains liaison with the Bureau of State Services in planning and developing programs of mutual interest.

IMPORTANT EVENTS IN THE HISTORY OF NIAID

1902 - Earliest studies on Rocky Mountain Spotted Fever took place in Montana.

1948 - New institutes were established at NIH on November 1, among them the National Microbiological Institute. Dr. Victor H. Haas became the first Director.

- The Rocky Mountain Laboratory became one of the four components of the National Microbiological Institute on November 1.

1951 - The Extramural Programs Branch of NMI was established for the purpose of administering research grants, training grants, and research fellowships.

1955 - The National Microbiological Institute became the National Institute of Allergy and Infectious Diseases on December 29. Dr. Victor H. Haas remained as Director.

1957 - Dr. Justin M. Andrews became the Director of NIAID in April.

1957 - The Middle America Research Unit was established as a temporary field station in the Panama Canal Zone as a joint research effort of Walter Reed Army Institute of Research and NIH.

1959 - NIAID was reorganized to realign the larger laboratories with current research endeavors.

1960 - On December 20, 1960 a Committee on International Centers was established. The Committee recommended establishment of overseas centers for research and training and this program went into

operation in 1961. Five centers have since been established, each as a cooperative enterprise between a foreign institution and a medical school in the U. S. This program was transferred to Office of International Research on July 1, 1962.

1961 - Middle America Research Unit was made a permanent field station on January 21, 1961.

1962 - Collaborative Research was established within the Institute, and included the Vaccine Development Branch and the Research Reference Reagents Branch.

1962 - Construction was completed on family units for NIAID employees at the Middle America Research Unit at Cardenas Village, Canal Zone.

1962 - The Office of Associate Director for Extramural Programs was established in NIAID.

1962 - The Pacific Research Section of the Laboratory of Infectious Diseases was established in Honolulu, Hawaii, to study eosinophilic meningitis.

1963 - The Section on Epidemiology, Laboratory of Parasite Chemotherapy, at Columbia, South Carolina, was inactivated and its research mission was combined with that of the Cytology Laboratory at Chamblee, Georgia.

1963 - A $750,000 renovation program was completed at the Rocky Mountain Laboratory, including animal building, insectary, new shops building, and renovations to the library.

LEGISLATIVE CHRONOLOGY OF NIAID

November 1, 1948 - The National Microbiological Institute was created by administrative order in accordance with General Circular #55, Organization Order #20 dated October 8, 1948.

December 29, 1955 - The National Microbiological Institute was renamed National Institute of Allergy and Infectious Diseases by PHS Briefing Memoandum of November 4, 1955 from Surgeon General to the Secretary of Health, Education and Welfare.

December 29, 1955 - The National Advisory Allergy and Infectious Diseases Council was established by PHS Briefing Memorandum of November 4, 1955 from Surgeon General to the Secretary of Health, Education and Welfare.

BRIEF BIOGRAPHICAL SKETCHES OF THE DIRECTORS OF THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Victor H. Haas, M. D.

Dr. Victor H. Haas was born in Cincinnati, Ohio on January 6, 1909. From the University of Cincinnati he received his B. S. degree in 1929, his B. M. degree in 1931, and his M. D. degree in 1932.

After joining the Public Health Service as an Assistant Surgeon in 1932, he conducted investigations of encephalitis in St. Louis in 1933. He spent the next year at the National Institute of Health in Bethesda, and from 1935-1939 was at the Plague Laboratory in San Francisco.

During World War II, Dr. Haas was Chief of the Medical Commission to the Yunnan-Burma Railway in China, and Staff Officer in the China-Burma-India Theater. He served as officer in charge of Public Health Service malaria investigations from 1943 to 1948, and was advanced to the grade of Medical Director in the Public Health Service in 1948.

Dr. Haas was appointed Director of the National Microbiological Institute (later renamed the National Institute of Allergy and Infectious Diseases) on November 1, 1948, and continued in this post until April 1957.

Justin M. Andrews, Sc. D., LL. D.

Dr. Justin M. Andrews was born in Providence, Rhode Island, on August 28, 1902. He received a Ph. S. degree from Brown University in 1923, and a Sc. D. degree from Johns Hopkins University in 1926 where he later received an LL. D. degree in 1951.

From 1926-1928, he was Instructor, Assistant Professor and Associate Professor of Protozoology at the Johns Hopkins School of Hygiene and Public Health, and became a Special Member of the Rockefeller Foundation in 1929.

After serving as Visiting Professor of Parasitology at the University of the Philippines in Manila from 1930-31, he became Director of the Division of Malaria and Hookworm Service in the Georgia Department of Public Health in Atlanta.

In 1941 he became a Senior Zoologist in the Public Health Service, and held various posts in Atlanta until 1953 when he became Assistant Surgeon General in the Bureau of State Services. Dr. Andrews was appointed Director of the National Institute of Allergy and Infectious Diseases in April 1957.

NIAID ANNUAL APPROPRIATIONS SINCE FY 1954

Fiscal Year	Amount
1954	$ 5,738,000
1955	6,180,000
1956	7,775,000
1957	13,299,000
1958	17,400,000
1959	24,071,000
1960	34,054,000
1961	44,000,000
1962	56,091,000
1963	66,142,000
1964	67,117,000

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NIAID APPROPRIATIONS

FOR GRANTS AND DIRECT OPERATIONS, FY 1954-1964

Fiscal Year	Total Grants[1/]	Direct Operations	Total
1954	$ 2,067,000	$ 3,671,000	$ 5,738,000
1955	2,227,000	3,953,000	6,180,000
1956	2,227,000	5,548,000	7,775,000
1957	8,182,000	5,117,000	13,299,000
1958	11,591,000	5,809,000	17,400,000
1959	17,091,000	6,980,000	24,071,000
1960	26,280,000	7,774,000	34,054,000
1961	35,141,000	8,859,000	44,000,000
1962	43,900,000	12,191,000	56,091,000
1963	49,256,000	16,886,000	66,142,000
1964	49,569,000	17,548,000	67,117,000

1/ Includes grants for research, fellowships, training, state control programs, community demonstration projects, etc.

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NIAID EXTRAMURAL GRANT AND AWARD[1/] APPROPRIATIONS

FY 1954-1963

(amounts in thousands of dollars)

Fiscal Year	Amount
1954	$ 2,067
1955	2,227
1956	2,227
1957	8,182
1958	11,591
1959	17,091
1960	26,280
1961	35,141
1962	43,900
1963	49,256
Total	$197,962

1/ Includes research, fellowship and training grants only. Excludes state control programs, community demonstration projects, etc.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NUMBER AND AMOUNT OF RESEARCH GRANTS AWARDED BY NIAID[1/]

FY 1951-1963

(amounts in thousands of dollars)

Fiscal Year	Number	Amount
1951	152	$ 1,435[2/]
1952	220	2,018[2/]
1953	233	2,085[2/]
1954	217	2,062
1955	236	2,270
1956	230	2,282
1957	774	8,115
1958	906	10,822
1959	1,150	14,530
1960	1,508	21,057[3/]
1961	1,945	29,144
1962	1,803	33,965
1963	1,705	36,225

1/ National Microbiological Institute until FY 1956.

2/ Funded from NIH operating expenses.

3/ Excludes $500,000 for metabolic research center grants funded to DGMS.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH

NIAID RESEARCH CONTRACTS EXECUTED, 1960-63 1/

YEAR	AMOUNT
1960	$ 2,278
1961	250,302
1962	2,000,052
1963	1,864,428
Total	$4,117,060

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

NIAID EMPLOYEES, 1951-1963

Year	Number of Employees
1951	495 1/
1952	507 1/
1953	437 1/
1954	508 1/
1955	444 1/
1956	486
1957	517
1958	511
1959	578
1960	600
1961	656
1962	706
1963	718

1/ National Microbiological Institute

Source: Personnel Management Branch, Office of the Director, NIH.

NIAID FIELD STATIONS OR OTHER SPECIAL FACILITIES

Domestic Units

Rocky Mountain Laboratory,
NIAID
Hamiliton, Montana

At this laboratory, established in 1921, research is aimed at increasing basic knowledge of insect-and-animal-borne diseases of man and the diagnosis, treatment, and control of these diseases. Field studies of diseases having reservoirs in nature are stressed. Research on infectious and allergic diseases, especially those of interest to the Western community, is conducted. The mechanisms of immunity relating to hypersensitivity and to the specific prophylaxis of fungal, rickettsial, mycobacterial and salmonella infections are studied.

Cytology Section of the Laboratory
of Parasite Chemotherapy, NIAID
Chamblee, Georgia

Established in 1959.

Pacific Research Section of the
Laboratory of Infectious Diseases, NIAID
Honolulu, Hawaii

Established in 1962, this section provides laboratory and field base for comprehensive investigations of eosinophilic meningitis, related diseases, and other infectious diseases of specific importance to Hawaii and other Pacific islands.

Malaria Studies Project of the
Laboratory of Parasite Chemotherapy, NIAID
U.S. Penitentiary
Atlanta, Georgia

Established in March 1944.

Overseas Units

Far East Research Project of the
Laboratory of Parasite Chemotherapy, NIAID
Kuala Lumpur, Malaya

Established in August 1960, this laboratory is the site of investigations of human and monkey malaria.

Middle America Research Unit of the
Laboratory of Tropical Virology, NIAID
Panama Canal Zone, Panama

Established in 1957, this laboratory is the site of research conducted in cooperation with elements of the U.S. Armed Forces to study the etiology, epidemiology and ecology of viral and mycotic diseases occuring in the American tropics. Early emphasis was on arthropod-borne viruses and histoplasmosis, and present studies focus on Bolivian hemorrhagic fever, the encephalitides, and the epidemiology of histoplasmosis in bats in Panama.

SPECIAL PROGRAMS OF NIAID

Research Reference Reagents Branch

This Branch was established in 1962 to stimulate, coordinate, and implement a collaborative program for support of microbiological materials and criteria for identification of microbial agents. With the help of appropriate advisory groups, the Branch promotes research and development leading to production, standardization, certification, and distribution of reference and research reagents. The Branch also maintains liaison with, and coordinates activities of NIAID and other Institutes, and of Governmental and private agencies, groups, and researchers to facilitate research on microbial identification and standardization. Other functions include disseminating information and technical advice on research and developments regarding reference and research reagents and maintaining liaison with the Communicable Disease Center in Atlanta, Georgia.

Vaccine Development Branch

This Branch, established in 1962, stimulates, coordinates, and implements a collaborative program for the development of vaccines for prevention of infectious diseases, particularly respiratory infections. With the help of appropriate advisory groups, the Branch promotes research leading to vaccine development, testing, clinical and field trials, methodology and evaluation; and encourages grant applications for research and training in areas of prime interests.

NATIONAL INSTITUTE OF ARTHRITIS
AND METABOLIC DISEASES

MISSION OF THE NATIONAL INSTITUTE OF ARTHRITIS AND METABOLIC DISEASES

The National Institute of Arthritis and Metabolic Diseases:

-- Conducts, fosters, and coordinates investigations of the causes, prevention, diagnosis and treatment of arthritis, rheumatism, and metabolic diseases.

-- Conducts investigations in problems of metabolism, arthritis and rheumatism, hematology and nutrition, endocrine disorders, and energy and mineral metabolism.

-- Conducts basic research in biochemistry, nutrition, pathology, histochemistry, chemistry, physical biology, pharmacology and toxicology.

-- Administers extramural programs of research grants, training grants, traineeships and fellowships.

-- Conducts collaborative studies in nutrition, biometry and epidemiology.

-- Collects, develops and disseminates information on diseases and programs within its general area of interest.

IMPORTANT EVENTS IN THE HISTORY OF NIAMD

November 22, 1950 - The National Institute of Arthritis and Metabolic Diseases was established by Surgeon General Leonard A. Scheele in accordance with legislation passed on August 15, 1950.

July 1951 - The first direct appropriation was made by Congress for awarding research grants.

July 2, 1953 - The opening of the Clinical Center broadened the scope of NIAMD intramural activities to include observation and treatment of patients.

1955 - The Extramural Training Program was established. Training grants in its first year of operation totaled $250,000.00.

1959 - Studies were initiated on germfree animals to determine the influence of intestinal bacteria on nutrition and metabolic processes.

March 9, 1961 - Ten years of scientific accomplishment by NIAMD were cited by scientists and statesmen during an anniversary ceremony marking the Institute's first decade of operation. Secretary of Health, Education and Welfare, Abraham Ribicoff and Surgeon General Luther L. Terry were among the distinguished speakers to address the gathering at which a "Report to the Nation," describing research advances in arthritis and the metabolic diseases, was given.

LEGISLATIVE CHRONOLOGY OF NIAMD

November 1, 1948 - Under Section 212 of Public Law 410 the experimental Biology and Medicine Institute was established as the immediate forerunner of the National Institute of Arthritis and Metabolic Diseases, with Dr. W. H. Sebrell, Jr. as Director.

August 15, 1950 - Public Law 629, the Omnibus Medical Research Act, authorized establishment of the National Institute of Arthritis and Metabolic Diseases to"....conduct researches relating to the cause, prevention, and methods of diagnosis and treatment of arthritis and rheumatism and other metabolic diseases, to assist and foster such researches and other activities by public and private agencies, and promote the coordination of all such researches, and to provide training in matters relating to such diseases...." Section 431 of this Act also authorized the Surgeon General to establish a national advisory council to advise him with respect to activities of the Institute.

November 22, 1950 - Surgeon General Leonard A. Scheele established the National Institute of Arthritis and Metabolic Diseases in accordance with the Act. The Federal Security Agency's Organization Order No. 29 outlined the organization of NIAMD as follows: "The National Institute of Arthritis and Metabolic Diseases shall, with respect to arthritis, rheumatism, and the metabolic diseases, administer the functions of intramural research, support of research, support of research facilities construction, training, instruction, and establishment of fellowships and traineeships, as set forth in Section 301... In accordance with paragraph 4 of general Circular No. 51, the Institute shall perform other fundamental research heretofore assigned to the Experimental Biology and Medicine Institute."

BRIEF BIOGRAPHICAL SKETCHES OF THE DIRECTORS OF THE NATIONAL INSTITUTE OF ARTHRITIS AND METABOLIC DISEASES

William Henry Sebrell, Jr., M. D.

Born in Portsmouth, Virginia in 1901, Dr. W. H. Sebrell received his M. D. degree from the University of Virginia. He began his research career under Dr. Joseph Goldberger, famous for his identification of pellagra as a nutritional deficiency disease.

During World War II, Dr. Sebrell served as co-director of the National Nutrition Program. Among his accomplishments in the field of nutrition are recognition of the deficiency disease ariboflavinosis, and the discovery that cirrhosis of the liver in rats can be treated with dietary supplements. He also studied relationship between pantothenic acid deficiency and the adrenal glands and developed methods for producing and treating anemias in experimental animals.

Dr. Sebrell served as Director of the Experimental Biology and Medicine Institute from its inception December 11, 1957 until it was reorganized August 15, 1950 as the National Institute of Arthritis and Metabolic Diseases. On October 1, 1950, he was named Director of the National Institutes of Health, a post which he held until his retirement on August 1, 1955.

Russell M. Wilder, M. D.

Dr. Wilder was born in Cincinnati in 1885 and graduated in 1907 from the University of Chicago, where he received his Ph. D. degree in 1912. He was awarded his M. D. degree from Rush Medical College, Chicago, also in 1912.

Dr. Wilder became a member of the Mayo Clinic Staff in 1919. From 1929 to 1931 he was professor and chairman of the Department of Medicine at the University of Chicago, after which he returned to the Mayo Clinic where he became head of the Department of Medicine.

On March 6, 1951 he became director of the National Institute of Arthritis and Metabolic Diseases, but resigned because of ill health on June 30, 1953.

Internationally known for nutrition studies, Dr. Wilder contributed greatly to knowledge of diabetes. He identified the disease entity hypoglycemia, and pioneered new methods in the treatment of epilepsy. Among his most widely read publications are A Primer for Diabetic Patients and a medical textbook on diabetes and related diseases.

Floyd S. Daft, Ph. D.

Born May 19, 1900 in Griswold, Iowa, Dr. Floyd S. Daft received his Ph. D. in 1926 from Yale University and has been honored with the honorary degree of Doctor of Science from Simpson College in Indianola, Iowa, where he received his undergraduate degree in 1921.

After teaching and engaging in research at Yale, Harvard and the University of Rochester School of Medicine, Dr. Daft joined the National Institute of Health in 1937. He served as Director of Laboratory Research of NIH's early Experimental Biology and Medicine Institute, and held the office of Director of the National Institute of Arthritis and Metabolic Diseases from October 1, 1953 until his retirement May 30, 1962.

Dr. Daft has contributed importantly to the understanding of dietary deficiencies causing anemia and cirrhosis of the liver. He pioneered in the study of folic acid, pantothenic acid, and B-complex vitamins, and developed many of the techniques necessary for germfree research.

G. Donald Whedon, M. D.

Born July 4, 1915 in Geneva, New York, Dr. G. Donald Whedon received his A. B. in 1936 from Hobart College and his M. D. in 1941 from the University of Rochester School of Medicine. He was on the staff of the Cornell University Medical College and New York City's New York Hospital prior to joining the National Institutes of Health in 1952.

Dr. Whedon served as Chief of the Metabolic Diseases Branch of the National Institute of Arthritis and Metabolic Diseases, and subsequently as Assistant Director of the Institute, Acting Director, and Director, a post he has held since January 17, 1963. Dr. Whedon's most important scientific accomplishments have been in disorders of calcium metabolism, particularly osteoporosis, and studies of human total energy metabolism.

NIAMD ANNUAL APPROPRIATIONS SINCE FY 1954

Fiscal Year	Amount
1954	$ 7,000,000
1955	8,270,000
1956	10,840,000
1957	15,885,000
1958	20,385,000
1959	31,215,000
1960	46,862,000
1961	61,200,000
1962	81,831,000
1963	103,388,000
1964	107,699,000

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NIAMD APPROPRIATIONS

FOR GRANTS AND DIRECT OPERATIONS, FY 1954-1964

Fiscal Year	Total Grants[1]	Direct Operations	Total
1954	$ 3,621,000	$ 3,379,000	$ 7,000,000
1955	4,390,000	3,880,000	8,270,000
1956	5,910,000	4,930,000	10,840,000
1957	10,290,000	5,595,000	15,885,000
1958	13,837,000	6,548,000	20,385,000
1959	23,421,000	7,794,000	31,215,000
1960	38,553,000	8,309,000	46,862,000
1961	50,882,000	10,318,000	61,200,000
1962	69,809,000	12,022,000	81,831,000
1963	90,011,000	13,377,000	103,388,000
1964	93,974,000	13,725,000	107,699,000

1/ Includes grants for research, fellowships, training, state control programs, community demonstration projects, etc.

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NIAMD EXTRAMURAL GRANT AND AWARD[1/] APPROPRIATIONS FY 1954-1963

(amounts in thousands of dollars)

Fiscal Year	Amount
1954	$ 3,621
1955	4,390
1956	5,910
1957	10,290
1958	13,837
1959	23,421
1960	38,553
1961	50,882
1962	69,809
1963	90,011
Total	$310,724

1/ Includes research, fellowship and training grants only. Excludes state control programs, community demonstration projects, etc.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NUMBER AND AMOUNT OF RESEARCH GRANTS AWARDED BY NIAMD

FY 1951-1963

(amounts in thousands of dollars)

Fiscal Year	Number	Amount
1951	46	$ 705[1/]
1952	130	1,376[1/]
1953	143	1,435[1/]
1954	359	3,272
1955	432	4,149
1956	469	4,970
1957	772	8,222
1958	961	11,189
1959	1,406	18,829
1960	2,083	30,720[2/]
1961	2,399	38,989
1962	2,754	53,075
1963	2,845	62,021

1/ Funded from NIH operating expenses.

2/ Excludes $500,000 for metabolic research center grants funded to DGMS.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NIAMD RESEARCH CONTRACTS EXECUTED, 1960-63 1/

YEAR	AMOUNT
1960	$ 80,416
1961	84,973
1962	79,387
1963	277,620
Total	$522,396

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

NIAMD EMPLOYEES, 1951-1963

Year	Number of Employees
1951	304
1952	323
1953	327
1954	353
1955	378
1956	408
1957	475
1958	432
1959	585
1960	624
1961	654
1962	668
1963	688

Source: Personnel Management Branch, Office of the Director, NIH.

NIAMD FIELD STATIONS OR OTHER SPECIAL FACILITIES

Mobile laboratory-equipped trailer unit of the Arthritis and Rheumatism Branch, NIAMD

In 1960, a laboratory-equipped trailer unit operated by NIAMD began performing follow-up studies on relatives of former participants in arthritis research studies at NIH. Physical examinations, x-rays, blood tests and other procedures were performed in the 22-foot trailer-truck, equipped with a special 3,000-watt generator to provide electrical power for the portable x-ray machine. Two similarly equipped mobile vans have been employed in an epidemiological population study of osteoarthritis and rheumatoid arthritis among the Blackfeet and Pima Indians, in Montana and Arizona, respectively. This study, which began in 1961, completed its first stage in 1963.

SPECIAL PROGRAMS OF NIAMD

Cooperative Multiclinic Arthritis Project

In 1958 the NIAMD and the Arthritis and Rheumatism Foundation (ARF) established this project in order to create a multiclinic team -- 11 centers in nine states-- to conduct significant and thorough-going evaluations and comparisons of the therapeutic efficacy of known and newly discovered drugs in the treatment of rheumatoid arthritis. One of the project's most important contributions has been the demonstration of the usefulness of the antimalarial drug, hydroxychloroquine, during the acute phase of rheumatoid arthritis, and the confirmation of reports that ocular damage may be produced during long-term administration of large doses of the drug.

University Group Diabetes Study

Initiated in 1961 at seven research institutions, this first large scale study of the natural history of diabetes is investigating the development, incidence and severity of late diabetic complications such as retinopathy, atherosclerosis, kidney disease, and nervous system disorders, in large groups of patients treated by various modes of therapy. The study is supported by the individual investigators' own institutions as well as by NIAMD.

Epidemiology and Biometry Branch

The function of this branch, which was established in 1961, is to apply new methods of epidemiology, biometry, and biochemical and population genetics to the investigation of metabolic processes and disorders. The investigations of the branch require observations in the field, clinical study, and laboratory investigations in the U. S. and abroad, in order to understand the causes and the nature of diseases of interest to the Institute, and to provide a center for advanced research training in epidemiology and biometry. The studies involve very close collaboration with other scientists and scientific institutions in the field.

Pituitary Gland Project

As a result of the discovery of methods for isolating growth hormone from human pituitary glands, the experimental effectiveness of this hormone in man (in contrast to the ineffectiveness of growth hormone from other species), and the lack of an organized, coordinated effort to prepare pure human growth hormone in sufficient quantity for research, a contract was granted in 1963 to the Johns Hopkins University for the founding of the National Pituitary Agency. The Agency's mission is to provide materials, facilities and services for the establishment and maintenance of a pituitary gland storage bank and to facilitate the preparation of growth hormone in amounts adequate for basic and clinical research.

NATIONAL INSTITUTE OF CHILD HEALTH
AND HUMAN DEVELOPMENT

MISSION OF THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

The National Institute of Child Health and Human Development:

-- Supports, fosters and coordinates research and training in areas relating to maternal health, child health and human development, focusing not on any one disease or part of the body, but on the continuing process of growth and development from reproduction and prenatal development, through infancy and childhood, and on into maturation and aging.

-- Provides research project grants to public and private institutions and individuals in the field of child health and human development.

-- Provides training grants and awards.

-- Collects and disseminates research information related to its area of interest.

IMPORTANT EVENTS IN THE HISTORY OF NICHD

January 12, 1961 - The Report of the Task Force on Health and Social Security to President-elect John F. Kennedy called for the establishment, by administrative action of the Surgeon General of a National Institute of Child Health within NIH.

January 30, 1961 - An opinion of the Department of Health, Education and Welfare General Counsel stated that existing legislation (enacted in 1950) limited administrative creation of new Institutes to those focused on particular disease or groups of diseases, and that new legislation would be necessary to establish the Institute called for in the Task Force report.

February 9, 1961 - President Kennedy, in his first Health Message to the Congress, urged adoption of legislation authorizing a National Institute of Child Health and Human Development to include a Center for research in Child Health at NIH.

February 17, 1961 - The Center for Research in Child Health was established by the Surgeon General in the Division of General Medical Sciences.

July 18, 1961 - Legislation authorizing establishement of a National Institute of Child Health and Human Development was introduced in the Senate (87th Congress) by Senator Lister Hill of Alabama.

July 31, 1961 - Similar Legislation was introduced in the House by Representative Kenneth A. Roberts of Alabama.

August 27, 1962 - Legislation authorizing NICHD was passed by the House.

September 28, 1962 - NICHD legislation with amendments extending Health Research Facilities Program was passed by the Senate.

October 3, 1962 - The House accepted the legislation with Senate Amendments.

October 17, 1962 - President Kennedy signed Public Law 87-838 authorizing establishment of the National Institute of Child Health and Human Development.

November 1, 1962 - Dr. Robert A. Aldrich, Chairman, Department of Pediatrics, University of Washington School of Medicine, and Special Consultant, National Advisory Health Council, was named Consultant to the Center for Research in Child Health and Director-designate of the proposed new Institute.

January 30, 1963 - Secretary of Health, Education and Welfare, Anthony J. Celebrezze approved establishement of the National Institute of Child Health and Human Development.

May 14, 1963 - Members of the National Advisory Child Health and Human Development Council were appointed by the Surgeon General.

November 14, 1963 - The first meeting of the National Advisory Child Health and Human Development Council was held from November 14-16.

LEGISLATIVE CHRONOLOGY OF NICHD

October 17, 1962 - President John F. Kennedy signed Public Law 87-838 authorizing the Surgeon General with approval of the Secretary, "to establish in the Public Health Service an institute for the conduct and support of research and training relating to maternal health, child health, and human development...." Upon signing the law President Kennedy said, "We look to the.. Institute.... for a concentrated attack on the unsolved health problems of children and of mother-infant relationships. This legislation will encourage imaginative research into the complex processes of human development from conception to old age...."

January 30, 1963 - Secretary of Health, Education and Welfare, Anthony J. Celebrezze approved the establishment of NICHD with provisions that the Center for Research in Child Health and the Center for Research in Aging (established in 1956) be transferred from the Division of General Medical Sciences as integral parts of the new Institute.

October 31, 1963 - President Kennedy signed Public Law 88-164 to provide assistance in combating mental retardation through grants to assist in meeting the construction costs of research centers on mental retardation and related aspects of human development; to aid in the construction of facilities for the retarded and for other purposes. (The Mental Retardation Program of the National Institute of Child Health and Human Development is responsible for program consultation relating to the mental retardation centers, and will utilize present research and training grant authorities to support projects in these centers when they become operational.)

BRIEF BIOGRAPHICAL SKETCH OF THE DIRECTOR OF THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Robert A. Aldrich, M. D.

Dr. Robert A. Aldrich became the first Director of the National Institute of Child Health and Human Development on March 1, 1963. Born December 13, 1917 in Evanston, Illinois, he received his undergraduate education at Amherst College earning the B. A. degree (cum laude) in 1939. He received his M. D. from Northwestern University in 1944.

From 1944 to 1946 he served in the Navy Medical Corps. Prior to becoming NICHD Director, he was Professor and Chairman, Department of Pediatrics, University of Washington School of Medicine from 1956 to 1963. Dr. Aldrich is certified by the National Board of Medical Examiners, American Board of Pediatrics and the Oregon Basic Science Examining Board. He is a Diplomate of the American Board of Pediatrics, and a member of the American Medical Association, Endocrine Society, American Pediatrics Society, Society for Pediatric Research and American Association for the Advancement of Science.

NICHD ANNUAL APPROPRIATION, FY 1964

Fiscal Year	Amount
1964	$ 34,000,000[1/]

1/ Derived by transfers from other NIH appropriations authorized by Congress.

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NICHD APPROPRIATIONS

FOR GRANTS AND DIRECT OPERATIONS, FY 1964

Fiscal Year	Total Grants[1/]	Direct Operations	Total
1964	$ 32,800,000	$ 1,200,000	$ 34,000,000

1/ Includes grants for research, fellowships, training, state control programs, community demonstration projects, etc.

Source: Financial Management Branch, Office of the Director, NIH.

NICHD RESEARCH CONTRACTS EXECUTED, 1963 1/

YEAR	AMOUNT
1963	$12,125

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

NICHD EMPLOYEES, 1963

Year	Number of Employees
1963	99

Source: Personnel Management Branch,
Office of the Director, NIH.

SPECIAL PROGRAMS OF NICHD

Reproductive Biology Program

This program, one of eight major program areas within NICHD, will seek through research to improve knowledge and understanding of the basic processes whereby life is propagated. Emphasis is placed on the study of parental factors and the early sequence of events leading from conception through embryonic development.

Perinatal Biology Program

This program is concerned with events occuring during the intrauterine phase of life, particularly those events relating to infant survival and later development. Major emphasis is being placed on understanding the biology and behavior of the pregnant mother.

Growth and Development

This program is primarily concerned with the determinants of the individual's physical, intellectual, social and behavioral development in the period from birth to full maturity. Major emphasis is placed on health problems unique to infancy, childhood and adolescence.

Adult Development and Senescence (Gerontology)

This program strives to understand the biological, behavioral and social processes that account for the gradual lessening of vigor and fitness experienced by mature individuals, in varying degrees, with advancing years. Investigations of special interest to this program will include studies of the progressive changes that take place in a cell, tissue, organ system, or in a total individual or group with the passage of time.

Mental Retardation

This program will involve a concerted research attack on a wide variety of known and unknown causes of retardation while, at the same time, seeking more effective measures to prevent, diagnose and ameliorate this condition.

Congenital Malformations

Under this program, NICHD supports research into the prenatal causes of structural defects present at birth. This program places special emphasis on studies of multiple organ system defects, their cause, prevention and amelioration.

Developmental Pharmacology

Under this program the Institute supports studies dealing with the varying effects of drugs and other therapeutic agents at different stages of life. Special attention is being given to studies of the effects these agents have at various stages of prenatal mammalian life.

Human Communications

This program area focuses on studies of the complex mechanisms whereby human beings receive information from their environment and then express themselves through coordinated interactions of their organ systems. The normal development of this complicated process resulting in language and speech will receive primary emphasis.

NATIONAL INSTITUTE OF DENTAL RESEARCH

MISSION OF THE NATIONAL INSTITUTE OF DENTAL RESEARCH

The National Institute of Dental Research:

-- Conducts, assists, and fosters research and training in matters relating to the causes, prevention, diagnosis, and treatment of dental diseases and conditions.

-- Maintains close relationships with the Chief Dental Officer, PHS; the Bureau of Medical Services; the National Advisory Dental Research Council; and, as necessary, with other public and private agencies conducting related activities.

IMPORTANT EVENTS IN THE HISTORY OF NIDR

1931	-	The first dental research officer, Dr. H. Trendley Dean, was named by the Public Health Service.
September 16, 1948	-	The National Institute of Dental Research was established.
September 21, 1960	-	The cornerstone was laid for the Dental Institute building (Building 30) at NIH.
May 26, 1961	-	Building 30 was dedicated by Health, Education, and Welfare Secretary, Abraham A. Ribicoff.

LEGISLATIVE CHRONOLOGY OF NIDR

June 24, 1948 - President Harry S. Truman signed Public Law 755 establishing the National Institute of Dental Research to conduct, support and foster research investigations on the causes, treatment and prevention of dental diseases and conditions.

August 1, 1958 - President Dwight D. Eisenhower signed an HEW Appropriation Bill which included provisions to finance the construction of laboratory facilities to house NIDR.

BRIEF BIOGRAPHICAL SKETCHES OF THE DIRECTORS OF THE NATIONAL INSTITUTE OF DENTAL RESEARCH

H. Trendley Dean, D. D. S.

Dr. H. Trendley Dean was born in East St. Louis, Illinois, on August 25, 1893. He received his D. D. S. degree in St. Louis in 1916.

A pioneer in dental research, Dr. Dean was internationally known as an authority on the relation of fluorides to dental health. He developed a method for quantitatively measuring dental fluorosis and demonstrated a significant difference in dental decay in fluoride and non-fluoride areas.

Dr. Dean became an Acting Assistant Dental Surgeon in the Public Health Service in 1921, and held various posts until September 17, 1948 when he became Director of the National Institute of Dental Research, a post which he held until March 31, 1953.

During this time Dr. Dean received the Gorgas Award of the Association of Military Surgeons, the John M. Goodell Prize of the American Water Works Association for his work in fluoridation, the Jarvis Medal, Lasker Award, Distinguished Service Award of the American Association of Public Health Dentists, and the Award of Merit from Georgetown University.

Dr. Dean served as Secretary of the Council on Dental Research of the American Dental Association from 1953-1959. He died in 1962.

Francis A. Arnold, Jr., D. D. S.

Dr. Francis A. Arnold was born in Orrville, Ohio on December 30, 1910. He received his B. S. degree from Western Reserve University in 1932 and his D. D. S. degree from that university in 1934.

After serving his internship at the U. S. Marine Hospital in Cleveland, Ohio, from 1934-1936, Dr. Arnold was commissioned in the Public Health Service.

Dr. Arnold served in the Dental Research Section of NIH in 1937, and as Assistant Chief of the National Institute of Dental Research from 1943-1948. He was Associate Director of NIDR from 1948 to April 1, 1953 when he became its Director.

A pioneer in the study of fluorides and epidemiological studies of the effects of fluoridation, Dr. Arnold has received an honorary Sc. D. degree from Western Reserve University, as well as the Callahan Award, Gies Award, and Dean Award.

He was President of the International Association for Dental Research in 1953 and served as Vice President of the Scientific Commission of the Federation Dentaire Internationale from 1954 to 1961.

NIDR ANNUAL APPROPRIATIONS SINCE FY 1950

Fiscal Year	Amount
1950	$ 1,780,000
1951	1,954,850
1952	1,617,654
1953	1,650,000
1954	1,740,000
1955	1,990,000
1956	2,176,000
1957	6,026,000
1958	6,430,000
1959	7,420,000
1960	10,019,000
1961	15,500,000
1962	17,340,000
1963	21,199,000
1964	19,166,000

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NIDR APPROPRIATIONS

FOR GRANTS AND DIRECT OPERATIONS, FY 1950-1964

Fiscal Year	Total Grants[1/]	Direct Operations	Total
1950	$ 235,000	$ 1,545,000	$ 1,780,000
1951	271,000	1,683,850	1,954,850
1952	271,000	1,346,654	1,617,654
1953	271,000	1,379,000	1,650,000
1954	271,000	1,469,000	1,740,000
1955	521,000	1,469,000	1,990,000
1956	521,000	1,655,000	2,176,000
1957	3,700,000	2,326,000	6,026,000
1958	3,825,000	2,605,000	6,430,000
1959	4,500,000	2,920,000	7,420,000
1960	6,226,000	3,793,000	10,019,000
1961	10,088,000	5,412,000	15,500,000
1962	13,984,000	3,356,000	17,340,000
1963	17,525,000	3,674,000	21,199,000
1964	15,252,000	3,914,000	19,166,000

1/ Includes grants for research, fellowships, training, state control programs, community demonstration projects, etc.

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NIDR EXTRAMURAL GRANT AND AWARD[1/] APPROPRIATIONS

FY 1950-1963

(amounts in thousands of dollars)

Fiscal Year	Amount
1950	$ 235
1951	271
1952	271
1953	271
1954	271
1955	521
1956	521
1957	3,700
1958	3,825
1959	4,500
1960	6,226
1961	9,088
1962	13,624
1963	17,525
Total	$60,849

1/ Includes research, fellowship and training grants only. Excludes state control programs, community demonstration projects, etc.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NUMBER AND AMOUNT OF RESEARCH GRANTS AWARDED BY NIDR

FY 1948-1963

(amounts in thousands of dollars)

Fiscal Year	Number	Amount
1948	24	$ 111[1/]
1949	30	165[1/]
1950	34	200
1951	38	226
1952	36	232
1953	30	230
1954	27	228
1955	49	431
1956	52	429
1957	274	2,692
1958	292	2,827
1959	340	3,484
1960	372	4,508
1961	426	5,535
1962	411	6,580
1963	457	8,831

1/ Funded from NIH operating expenses.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NIDR RESEARCH CONTRACTS EXECUTED, 1961-63 1/

YEAR	AMOUNT
1961	$14,750
1962	7,500
1963	24,000
Total	$46,250

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

NIDR EMPLOYEES, 1951-1963

Year	Number of Employees
1951	75
1952	76
1953	77
1954	93
1955	104
1956	122
1957	148
1958	122
1959	169
1960	180
1961	258
1962	286
1963	289

Source: Personnel Management Branch,
Office of the Director, NIH.

SPECIAL PROGRAMS OF NIDR

Collaborative Study with the Institute of Nutrition of Central America and Panama

In October 1963, NIDR established a collaborative study with the Institute of Nutrition of Central America and Panama in Guatemala City, Guatemala, to work on infections and parasitism related to oral diseases.

NIDR-NINDB Project at the Clarke School for the Deaf in Northampton, Massachusetts

In June 1962, as an outgrowth of NIDR genetic studies, NIDR cooperated with NINDB to establish a research project at the Clarke School for the Deaf in Northampton, Massachusetts, to study the types and causes of childhood deafness and to observe the mechanisms involved.

NATIONAL INSTITUTE OF GENERAL
MEDICAL SCIENCES

MISSION OF THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

The National Institute of General Medical Sciences:

-- Supports, fosters, and coordinates research training in the areas of basic medical, biological, preclinical, clinical, and related natural and behavioral sciences, the methods of science, and broad multi-disciplinary research programs and studies.

-- Provides research project grants to public and private institutions and individuals in fields related to its areas of interest.

-- Provides research training grants, fellowships and career awards to increase the availability of trained professional researchers within its area of interest.

-- Collects and disseminates research information related to the general medical sciences.

IMPORTANT EVENTS IN THE HISTORY OF NIGMS

July 16, 1958 - In conjunction with the reorganization of the Division of Research Grants, the Secretary of the Department of Health, Education, and Welfare approved establishment of the Division of General Medical Sciences.

October 17, 1962 - Congress authorized the establishment of the National Institute of General Medical Sciences.

January 30, 1963 - The Secretary, DHEW, approved establishment of NIGMS.

LEGISLATIVE CHRONOLOGY OF NIGMS

October 17, 1962 - Public Law 87-838, 87th Congress, H.R. 11099 authorized the Surgeon General to establish an institute for the conduct and support of research and research training in the general or basic medical sciences and related natural or behavioral sciences which have significance for two or more other institutes (of the NIH), or are outside the general area of responsibility of any other institute.

BRIEF BIOGRAPHICAL SKETCHES OF THE DIRECTORS OF THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

G. Halsey Hunt, M. D.

Born in Newton, Massachusetts, Dr. G. Halsey Hunt received his M. D. degree from Columbia University College of Physicians and Surgeons in 1928. After being commissioned in the U. S. Public Health Service in 1936, Dr. Hunt was on the surgical staffs of several Public Health Service Hospitals, and in 1947 and 1949, respectively, was named Assistant Chief, then Chief, of the Division of Hospitals.

From 1952 to 1956 he was Assistant Surgeon General and Associate Chief of the Bureau of Medical Services. Dr. Hunt was assigned to NIH in 1956 when he became the first director of the Center for Aging Research, before being named Chief, DGMS, on July 16, 1958. Dr. Hunt retired from the Public Health Service on April 1, 1962 to become Executive Director of the Educational Council for Foreign Medical Graduates.

Clinton C. Powell, M. D.

A native of Hartford, Connecticut, Dr. Clinton C. Powell received his M. D. degree from Boston University in 1944. Commissioned in the U. S. Public Health Service in 1946, Dr. Powell received training and experience in radiology before coming to NIH in 1954.

He has served in various capacities at NIH, in the Clinical Center, the National Cancer Institute, the Division of Research Grants, eventually becoming Deputy Chief of the Division. In 1961 he was appointed Assistant Director of the National Institute of Allergy and Infectious Diseases, serving in that position until his appointment as Chief, DGMS, July 20, 1962. When the Division was elevated to institute status on January 30, 1963, Dr. Powell became the first Director of the new Institute.

TOTAL GMS[1/] EXTRAMURAL GRANT AND AWARD[2/] APPROPRIATIONS

FY 1946-1963

(amounts in thousands of dollars)

Fiscal Year	Amounts
1946	$ 722
1947	3,022
1948	6,051
1949	7,540
1950	6,085
1951	8,016
1952	9,350
1953	9,250
1954	4,124
1955	4,124
1956	5,249
1957	9,477
1958	11,466
1959	25,921
1960	41,909
1961	79,243
1962	121,537
1963	151,343
Total	$504,429

1/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.

2/ Includes research, fellowship and training grants only. Excludes state control programs, community demonstration projects, etc.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NUMBER AND AMOUNT OF RESEARCH GRANTS AWARDED BY GMS[1/]

FY 1946-1963

(amounts in thousands of dollars)

Fiscal Year	Number	Amount
1946	51	$ 559
1947	177	1,668
1948	412	3,543
1949	459	3,802
1950	476	3,424
1951	569	5,364
1952	494	4,352
1953	528	4,309
1954	497	4,278
1955	470	4,224
1956	482	5,186
1957	653	7,992
1958	754	9,613
1959	1,155	16,859
1960	1,361	26,018
1961	1,825	42,659
1962	2,127	64,905
1963	2,202	52,119

1/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NIGMS RESEARCH CONTRACTS EXECUTED, 1961-63 [1]

YEAR	AMOUNT
1961	$ 180,168 [2]
1962	325,282 [2]
1963	1,687,416
Total	$2,192,866

1/ By calendar, not fiscal, year.
2/ DGMS

Source: Office of Research Information, Office of the Director, NIH.

NIGMS EMPLOYEES, 1958-1963

Year	Number of Employees
1958	40 1/
1959	80 1/
1960	133 1/
1961	151 1/
1962	158 1/
1963	140

1/ DGMS

Source: Personnel Management Branch,
Office of the Director, NIH.

SPECIAL PROGRAMS OF NIGMS

National Halothane Study

In June 1963, the NIGMS entered into a contract with the National Science Foundation-National Research Council to provide $1,650,000 over a two-year period to carry out studies to determine possible liver damage following halothane administration. This project will include a retrospective examination of data from more than 30 hospitals using approximately 600,000 anesthetic procedures. The study is being operated under the scientific guidance of the Subcommittee on the National Halothane Study of the Committee of Anesthesiology of the NRC.

NATIONAL INSTITUTE OF MENTAL HEALTH

MISSION OF THE NATIONAL INSTITUTE OF MENTAL HEALTH

The National Institute of Mental Health:

-- Plans, conducts, coordinates, supports, and evaluates a national program for the improvement of the mental health of the people of the United States.

-- Conducts and supports basic, clinical, collaborative, and development research in the broad field of mental health.

-- Conducts and supports mental health manpower training for research and service.

-- Applies research knowledge in field studies, investigations, and demonstrations.

-- Provides consultative and technical services to States, communities, and others.

-- Collects, evaluates, analyzes, interprets and disseminates information on various aspects of the mental health field.

-- Provides leadership and coordination for all aspects of the Public Health Service's mental health program.

IMPORTANT EVENTS IN THE HISTORY OF NIMH

January 19, 1929 - The Narcotics Control Act was passed providing for construction of two hospitals for drug addicts and authorizing a Narcotics Division in the Public Health Service.

June 14, 1930 - Public Law 357 was passed authorizing creation of a separate Bureau of Narcotics in the Treasury Department and changing the Narcotics Division of the Public Health Service to the Division of Mental Hygiene. The law gave the Surgeon General authority to investigate the causes, treatmenta and prevention of mental and nervous diseases.

May 29, 1935 - A narcotics "farm" at Lexington, Kentucky, was completed and opened.

October 28, 1938 - The narcotics hospital at Fort Worth, Texas, was dedicated.

July 3, 1946 - The National Mental Health Act was signed by President Harry S. Truman.

April 15, 1949 - NIMH was officially established as one of the National Institutes of Health.

LEGISLATIVE CHRONOLOGY OF NIMH

July 3, 1946 - The National Mental Health Act, Public Law 487, 79th Congress, 2nd Session, provided for three closely integrated functions (a) research, (b) training, and (c) assistance to State programs. In 1949, the National Institute of Mental Health was established under terms of this Act.

July 28, 1955 - The Mental Health Study Act, P.L. 182, authorized the Surgeon General, PHS, to award grants to non-governmental organizations for partial support of a nationwide study and re-evaluation of the problems of mental illness. Under this Act, the Joint Committee on Mental Illness and Health was awarded grant support for three years.

July 3, 1956 - The National Health Survey Act, P.L. 652, 84th Congress, authorized the PHS to survey sickness and disabilities in the U.S. on sampling basis.

July 28, 1956 - The Alaska Mental Health Enabling Act, P.L. 830, 84th Congress, provided for territorial treatment facilities to obviate transportation of the mentally ill outside the Territory of Alaska.

July 30, 1956 - The Health Research Facilities Act, P.L. 835, authorized a three-year program of Federal matching funds to public and non-profit institutions to assist in the development of facilities for research.

August 2, 1956 - The Health Amendments Act of 1956 P.L. 911, 84th Congress 2nd Session, Title V, provided for Public Health Service grant support in developing improved methods of care and treatment of the mentally ill.

October 24, 1963 - The Maternal and Child Health and Mental Retardation Planning Amendments of 1963, P.L. 88-156, amended the Social Security Act to assist States and communities

in preventing and combating mental retardation through expansion and improvement of the maternal and child health and crippled children's programs, through provision of prenatal, maternity, and infant care for individuals with conditions associated with childbearing which may lead to mental retardation, and through planning for comprehensive action to combat mental retardation, and for other purposes.

October 31, 1963 - The Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, P.L. 88-164, authorized a $329 million program which includes matching grants for community mental health centers, research, and education of teachers for handicapped children with the various undertakings running three or four years.

BRIEF BIOGRAPHICAL SKETCH OF THE DIRECTOR OF THE NATIONAL INSTITUTE OF MENTAL HEALTH

Robert Hanna Felix, M. D.

Born in Downs, Osborne County, Kansas, May 29, 1904, Dr. Robert H. Felix was influenced in his choice of a career by his physician father. He attended the University of Colorado where he obtained his degree in medicine in 1930. Awarded a Commonwealth Fund Fellowship, he received his psychiatric training at Colorado Psychopathic Hospital. He graduated from Johns Hopkins University in 1942 with a Master of Public Health degree.

Dr. Felix joined the PHS Commissioned Corps in 1933. From then until 1941, he was clinical director, Medical Center for Federal Prisoners, and clinical director and executive officer, U. S. Public Health Service Hospital in Lexington, Kentucky. During the war, Dr. Felix served as psychiatrist and senior medical officer with the U. S. Coast Guard Academy at New London, Connecticut.

Returning to the Public Health Service in 1944, he served first as assistant chief of the Division of Hospitals in the Bureau of Medical Services and was then appointed chief of the Bureau of Mental Hygiene. When this Bureau became the National Institute of Mental Health on April 15, 1949, Dr. Felix was made director, a position he has held since.

Dr. Felix is a Diplomate in Psychiatry of the American Board of Psychiatry and Neurology and a Fellow of the American Psychiatric Association, the American Medical Association, the American College of Physicians, and the American Public Health Association. In 1957, he was commissioned Assistant Surgeon General of the U. S. Public Health Service and now holds the two star rank which is comparable to that of Major General in the Army.

NIMH ANNUAL APPROPRIATIONS SINCE FY 1948

Fiscal Year	Amount
1948	$ 4,250,000
1949	9,128,000
1950	11,612,000
1951	9,505,000
1952	10,561,737
1953	10,895,000
1954	12,095,000
1955	14,147,500
1956	18,001,000
1957	35,197,000
1958	39,217,000
1959	52,419,000
1960	68,090,000
1961	100,900,000
1962	108,876,000
1963	143,599,000
1964	176,374,000

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NIMH APPROPRIATIONS

FOR GRANTS AND DIRECT OPERATIONS, FY 1950-1964

Fiscal Year	Total Grants[1]	Direct Operations	Total
1950	$ 7,400,000	$ 1,266,000	$ 8,666,000[2]
1951	7,901,000	1,604,000	9,505,000
1952	8,769,000	1,792,737	10,561,737
1953	8,685,000	2,210,000	10,895,000
1954	9,275,000	2,820,000	12,095,000
1955	10,409,000	3,738,500	14,147,500
1956	13,122,000	4,879,000	18,001,000
1957	28,073,000	7,124,000	35,197,000
1958	31,049,000	8,168,000	39,217,000
1959	42,443,000	9,976,000	52,419,000
1960	56,684,000	11,406,000	68,090,000
1961	87,734,000	13,166,000	100,900,000
1962	92,491,000	16,385,000	108,876,000
1963	122,365,000	21,234,000	143,599,000
1964	153,015,000	23,359,000	176,374,000

1/ Includes grants for research, fellowships, training, state control programs, community demonstration projects, etc.

2/ Excludes funds for support of narcotics hospitals at Lexington and Fort Worth.

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NIMH EXTRAMURAL GRANT AND AWARD[1/] APPROPRIATIONS

FY 1948-1963

(amounts in thousands of dollars)

Fiscal Year	Amount
1948	$ 1,503
1949	2,076
1950	3,850
1951	4,701
1952	5,669
1953	5,585
1954	6,950
1955	8,084
1956	10,122
1957	24,073
1958	27,049
1959	38,443
1960	51,684
1961	81,734
1962	85,741
1963	111,415
Total	$468,679

1/ Includes research, fellowship and training grants only. Excludes state control programs, community demonstration projects, etc.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NUMBER AND AMOUNT OF RESEARCH GRANTS AWARDED BY NIMH

FY 1948-1963

(amounts in thousands of dollars)

Fiscal Year	Number	Amount
1948	25	$ 254
1949	43	504
1950	75	805
1951	102	1,057
1952	103	1,379
1953	110	1,493
1954	180	2,612
1955	223	3,642
1956	231	3,340
1957	484	7,406
1958	672	12,445
1959	900	17,093
1960	1,182	22,809 1/
1961	1,426	30,491
1962	1,712	40,320
1963	1,841	49,688

1/ Excludes $492,887 for metabolic research center grants funded by DGMS

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NIMH RESEARCH CONTRACTS EXECUTED, 1960-63 1/

YEAR	AMOUNT
1960	$ 652,562
1961	521,501
1962	1,100,857
1963	1,080,657
Total	$3,355,577

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

NIMH EMPLOYEES, 1951-1963

Year	Number of Employees
1951	305
1952	341
1953	319
1954	347
1955	424
1956	515
1957	648
1958	621
1959	874
1960	918
1961	1,098
1962	1,214
1963	1,307

Source: Personnel Management Branch,
Office of the Director, NIH.

NIMH FIELD STATIONS OR OTHER SPECIAL FACILITIES

The NIMH Addiction Research Center
Lexington, Kentucky

The Center had its beginning in the scientific studies of the addicting qualities of pain-relieving drugs at the U.S. Penitentiary, Fort Leavenworth, Kansas. These studies were transferred to the U.S. Public Health Service Hospital at Lexington when it opened in 1935. At present, studies at the Center include biochemical, neuropharmacology neurophysiological, and psychological studies of drug addiction, as well as studies of chronic barbiturate and alcohol addiction. In addition, the Center is conducting basic research on the psychotomimetic drugs, agents which produce symptoms similar to mental illness and which are being used as research tools. The Center also is responsible for identifying new drugs which should be considered to be within the purview of narcotics control activities carried on by the United States and the United Nations.

The Clinical Neuropharmacology Research Center, NIMH
Saint Elizabeths Hospital
Washington, D.C.

Established in 1957, the Center is engaged in a broad program of studies of the effects of drugs on mental function in man, with special reference to their bearing on problems of mental disorder. The location of the Center insures direct contact with the special phenomena presented by mental illness in a mental hospital. Patients are selected from the general hospital population at Saint Elizabeths so as to comprise a group representative of the kinds of mental disorders to be found in most public mental hospitals. One aim of the Center is to define special research problems presented by mental hospital populations. Another aim, through the establishment of suitable laboratories for experimental work in a mental hospital setting, is to bring the hospital closer to new knowledge being accumulated by the behavioral sciences.

The Mental Health Study Center, NIMH
Adelphi, Maryland

The Center was established in 1948 under the provision of the National Mental Health Act through the cooperation of interested citizens and organizations of Prince George's County, the County and State Health Departments, and the Mental Hygiene Division of the U.S. Public Health Service. During the first six years of its existence, the Study Center was known as the Prince Georges County Mental Health Clinic and received its present name in 1954. As a demonstration program in community mental health, the goals of the Clinic were to study methods through which its activities could be made a part of the overall health program of the County and to determine methods which communities could apply to attack the factors contributing to psychiatric disorders. In 1960, a major change occurred in the structure of the Study Center when it became a Branch of Program Development of NIMH.

SPECIAL PROGRAMS OF NIMH

Special Grants

Special grants are a device to temporarily extend the facilities of NIMH to obtain knowledge in areas deemed important for exploration and development. This activity is the major responsibility of the Professional Services Branch. However, it is designed to further the program of the Institute as a whole, and other Branches participate in it to varying degrees. Such grants may take the form of research projects, generally of a pilot nature, of conferences of experts, or of the development of special staffs to coordinate research and development in an applied field. An example would be studies of geriatric mental illness involving experimentation with selected research tools and methods in medicine, psychology and sociology with the hope of developing adaptations useful in studies of this age group.

Professional and Technical Assistance

In addition to grants to States and mental health project grants, NIMH provides professional and technical assistance to the States. The object of this type of aid is program development--experimentation with new ways to care for the mentally ill and the application of new research findings to everyday operations. The Institute provides consultation services to plan and evaluate State mental health programs, serves as a clearinghouse for information, and helps the States with the inservice training of staff members. At the request of a State governor, the Institute conducts surveys on mental health problems of special concern to the State. Technical assistance projects are special conferences on mental health problems important to the States. Conferences have helped develop programs on various aspects of alcholism, criminality, cleric and lay leadership in promoting mental health, school mental health and industrial mental health.

Epidemiological Studies

Psychiatric case registers are one of the basic tools in epidemiological investigations in the field of mental disorders. The complex pattern of mental health services requires coordination not only of administration but also of statistical data for effective program evaluation and planning. The primary purpose of a case register is to create a central file or unduplicated count of patients and the record of each individual's longitudinal service experience, thus facilitating the systematic study of the illness or the type of care. By June 1962, seven psychiatric case register projects had been developed. In addition to the value for epidemiological research, as the data are tabulated and analyzed, it is anticipated that these registers will provide important information on program operations for evaluation and planning.

NATIONAL INSTITUTE OF NEUROLOGICAL
DISEASES AND BLINDNESS

MISSION OF THE NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND BLINDNESS

The National Institute of Neurological Diseases and Blindness:

-- Conducts, fosters, coordinates, and guides research on the causes, prevention, diagnosis, and treatment of the neurological disorders of mankind and conducts basic research in related scientific disciplines.

-- Provides grants-in-aid to public and private institutions and individuals in fields related to its areas of interest, including research project, program project and center grants.

-- Provides training grants and awards to increase trained professional research manpower in neurological fields.

-- Conducts a diversified program of intramural and collaborative research in its own laboratories, branches and clinics.

-- Collaborates with various agencies in collecting and disseminating material related to neurological and sensory diseases.

IMPORTANT EVENTS IN THE HISTORY OF NINDB

1950 - On August 15 President Truman signed Public Law 692, establishing the National Institute of Neurological Diseases and Blindness.

1951 - NINDB received its first budget of $1,232,253 and Dr. Pearce Bailey was appointed first Director.

1952 - The first research fellowships and clinical traineeships were awarded.

1953-1954 - A program of clinical investigation was initiated including medical neurology, surgical neurology, and electroencephalography. Training programs in neurology and ophthalmology were initiated.

1955 - Basic science training grants were initiated.

1956 - The clinical investigations program was expanded to include work in ophthalmology.

1957 - Training programs in otolaryngology and pediatric neurology were begun.

1957 - Field investigations involving collaborative and cooperative clinical studies were begun and the initial phase of the Collaborative Perinatal Project was started.

1959 - Dr. Richard L. Masland became the second Director of NINDB.

1960 - The joint basic research program of NINDB and NIMH was divided and organized into two basic research programs.

1962 - Funds were appropriated for professional and technical information assistance, neurosurgery and neruoradiology training grants were initiated, and the Laboratory of Molecular Biology was established.

1963 - Developmental Graduate Training Grants were initiated.

LEGISLATIVE CHRONOLOGY OF NINDB

August 15, 1950 - Public Law 692, 81st Congress, established the National Institute of Neurological Diseases and Blindness "for research on neurological diseases (including epilepsy, cerebral palsy, and multiple sclerosis) and blindness."

BRIEF BIOGRAPHICAL SKETCHES OF THE DIRECTORS OF THE NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND BLINDNESS

Pearce Bailey, M. D.

Dr. Pearce Bailey was the first Director of the National Institute of Neurological Diseases and Blindness. Prior to assuming the Directorship in 1951, a post which he held until 1959, Dr. Bailey was Chief of the Neurology Section of the Veterans Administration Central Office. He served as Director of International Neurological Research for the NINDB in Antwerp, Belgium from 1959 until 1962, and is presently Special Assistant to the Director with offices in Puerto Rico.

Dr. Bailey received the Ph. D. from the University of Paris (Sorbonne) and his M. D. from the Medical College of South Carolina in 1941. Dr. Bailey is a member of numerous professional societies, is Secretary-Treasurer General of the World Federation of Neurology, and is the Past President of the American Academy of Neurology. He is the author of numerous articles and in 1959 prepared the English version of J. M. Charcot - His Life and Work.

Richard L. Masland, M. D.

Dr. Richard L. Masland was appointed Director of the Institute in August 1959. He is recognized for his research in the field of mental retardation and helped organize the nationwide perinatal collaborative project when he was Assistant Director of the National Institute of Neurological Diseases and Blindness.

NINDB ANNUAL APPROPRIATIONS SINCE FY 1954

Fiscal Year	Amount
1954	$ 4,500,000
1955	7,600,500
1956	9,861,000
1957	18,650,000
1958	21,387,000
1959	29,403,000
1960	41,487,000
1961	56,600,000
1962	70,812,000
1963	83,506,000
1964	84,471,000

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NINDB APPROPRIATIONS

FOR GRANTS AND DIRECT OPERATIONS, FY 1954-1964

Fiscal Year	Total Grants[1/]	Direct Operations	Total
1954	3,354,000	1,146,000	4,500,000
1955	5,054,000	2,546,500	7,600,500
1956	6,300,000	3,561,000	9,861,000
1957	14,280,000	4,370,000	18,650,000
1958	16,250,000	5,137,000	21,387,000
1959	23,166,000	6,237,000	29,403,000
1960	33,908,000	7,579,000	41,487,000
1961	47,867,000	8,733,000	56,600,000
1962	56,240,000	14,572,000	70,812,000
1963	67,022,000	16,484,000	83,506,000
1964	71,047,000	13,424,000	84,471,000

1/ Includes grants for research, fellowships, training, state control programs, community demonstration projects, etc.

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL NINDB EXTRAMURAL GRANT AND AWARD[1/] APPROPRIATIONS

FY 1954-1963

(amounts in thousands of dollars)

Fiscal Year	Amount
1954	$ 3,354
1955	5,054
1956	6,300
1957	14,280
1958	16,250
1959	23,166
1960	33,908
1961	47,687
1962	56,240
1963	67,022
Total	$273,261

1/ Includes research, fellowship and training grants only. Excludes state control programs, community demonstration projects, etc.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NUMBER AND AMOUNT OF RESEARCH GRANTS AWARDED BY NINDB

FY 1951-1963

(amounts in thousands of dollars)

Fiscal Year	Number	Amount
1951	50	$ 491[1/]
1952	117	1,048[2/]
1953	121	1,039[2/]
1954	300	2,826
1955	400	3,929
1956	431	4,551
1957	674	9,345
1958	785	10,845
1959	1,009	17,022
1960	1,209	23,281
1961	1,368	30,474
1962	1,498	36,354
1963	1,615	43,143

1/ Funded from NIH operating expenses and NIMH.

2/ Funded from NIH operating expenses.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NINDB RESEARCH CONTRACTS EXECUTED, 1960-63 1/

YEAR	AMOUNT
1960	$ 333,622
1961	53,100
1962	325,400
1963	637,321
Total	$1,349,443

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

NINDB EMPLOYEES, 1951-1963

Year	Number of Employees
1951	17
1952	35
1953	81
1954	145
1955	196
1956	276
1957	336
1958	296
1959	507
1960	576
1961	731
1962	746
1963	747

Source: Personnel Management Branch,
Office of the Director, NIH.

NINDB FIELD STATIONS OR OTHER SPECIAL FACILITIES

Domestic Unit

Patuxent Wildlife Research Center Project, NINDB
Patuxent, Maryland

This project, begun in 1963, is directed toward the investigation of latent infections. Certain degenerative diseases of the nervous system are known to occur in wild animals and may be infectious. Efforts are being made to isolate viruses which may cause such human diseases as multiple sclerosis, chronic epidemic encephalitis, kuru, ALS and certain forms of childhood epilepsy.

Overseas Units

Laboratory of Perinatal Physiology
of the NINDB
San Juan, Puerto Rico

At this laboratory, established in 1956, studies paralleling certain aspects of the collaborative perinatal project are conducted. Using primates and other animals, investigators are studying relationships between various adverse factors during the prenatal life, birth, and early postnatal life and neurological disorders in the offspring. Investigators, located in Bethesda as well as Puerto Rico, direct two colonies of free-ranging monkeys on islands in Puerto Rico and a caged colony in San Juan.

New Guinea Projects
NINDB

Since 1963, kuru, a chronic progressive disease of the central nervous system, has been studied in primitive

populations on New Guinea. It is believed the disease is caused by a slow virus infection, although the phenomenon has not yet been demonstrated in man. Another project involves investigating the high incidence of a wide variety of congenital defects of the central nervous system associated with hyperendemic goiter in a particular tribe. This group is being studied in order to learn more about a wide array of nervous system defects, such as congenital deaf-mutism, and mental and motor abnormalities associated with cretinism.

Epidemiology and Genetics Center
NINDB
Guam

Since 1957, the unusual frequency of amyotrophic lateral sclerosis (ALS), which was discovered in an epidemiological survey, has been studied by a branch of NINDB. ALS is responsible for about 10 percent of the deaths among the adult Chamorro population of Guam. Originally ALS was thought to be a genetically determined, inherited disease, but mounting evidence seems to indicate that some environmental factor is responsible.

SPECIAL PROGRAMS OF NINDB

Collaborative Perinatal Project

This collaborative Perinatal Project for the Study of Cerebral Palsy, Mental Retardation and Neurological and Sensory Disorders of Infancy and Childhood was initiated in 1957 as a joint effort of fifteen medical centers and the NINDB. The object of the study is to determine the relationship between factors affecting women during pregnancy and the neurological and sensory disorders of their offspring. Approximately 50,000 pregnancies will be studied. The study has developed all instruments and methods for its conduct. Data now being collected and analyzed have far exceeded what had been considered possible. Strong centers have been created within collaborating institutions for perinatal research and already are exerting a significant influence on obstetrical and pediatric practice, and on medical education.

Model Reporting Area for Blindness Statistics

Eleven States are participating in this project which was established in 1962 to secure more adequate statistics on the incidence and prevalence of blindness in the United States.

Drug Evaluation Committee

This Committee established in 1960, is divided into separate panels on certain major disease categories. Panels have developed improved techniques for evaluating drugs used to treat multiple sclerosis, Parkinsonism, headaches, and neuromuscular disorders.

Cerebrovascular Disorders Projects

Because one of every nine Americans dies of cerebrovascular disease and the number of persons suffering from this condi-

tion continues to rise, NINDB has established: (1) A Cooperative Study of Intracranial Aneurysms and Acute Subarachnoid Hemorrhage of the NINDB and 21 institutions, begun in 1957, to evaluate the four most common medical and surgical treatments of aneurysms, and (2) A cooperative epidemiology study, begun in 1960, and supported under the auspices of the World Federation of Neurology, to establish correlations among degenerative changes in the cerebral vessels found at autopsy, environmental conditions, and other factors such as age, sex, race, culture, diet, and geographic influences.

Research--Information Disease Study Centers

A Parkinson's Disease Study Center was established in 1963 at Columbia University to serve as a model for future disease centers. These centers will not only conduct their own research, but will maintain an information service to accumulate, evaluate, and disseminate data on other research in the specific field.

DIVISION OF BIOLOGICS STANDARDS

MISSION OF THE DIVISION OF BIOLOGICS STANDARDS

The Division of Biologics Standards:

-- Administers the regulation of biologic products as authorized by the Public Health Service Act.

-- Conducts studies, formulates and assures compliance with standards designed to ensure the safety, purity, and potency of biologics, improvement of existing products, and development of new biologics.

-- Maintains highest level testing and inspecting of production facilities for biologics produced or offered for sale in the U.S. as interstate commerce or for export.

-- Takes appropriate action to enforce restrictions on interstate shipments of unlicensed or mislabeled products.

-- Conducts research on problems related to the development, manufacture, testing and use of vaccines, serums, toxins, antitoxins, and analogous products including human blood and its derivatives.

DBS ANNUAL APPROPRIATION, FY 1964

Fiscal Year	Amount
1964	$ 4,787,000

Source: Financial Management Branch, Office of the Director, NIH.

DBS RESEARCH CONTRACTS EXECUTED, 1961-63 1/

YEAR	AMOUNT
1961	$ 5,785
1962	—
1963	422,448
Total	$428,233

1/ By calendar, not fiscal, year,

Source: Office of Research Information, Office of the Director, NIH.

DBS EMPLOYEES, 1955-1963

Year	Number of Employees
1955	121
1956	167
1957	195
1958	176
1959	209
1960	227
1961	244
1962	232
1963	248

Source: Personnel Management Branch,
Office of the Director, NIH.

DIVISION OF RESEARCH FACILITIES
AND RESOURCES

MISSION OF THE DIVISION OF RESEARCH FACILITIES AND RESOURCES

The Division of Research Facilities and Resources:

-- Formulates plans, policies, and procedures for NIH grant programs which provide resources and facilities for the over-all program of institutions conducting research in the health-related sciences.

-- Administers NIH extramural programs which: survey national health research facility needs; provide resources and facilities for research programs of various institutions, including animal resources, general clinical research centers and other special biomedical resources; support programs in scientific and technical information resources; support construction of health research facilities and centers; and provide general support for research and research training programs at universities and other institutions.

IMPORTANT EVENTS IN THE HISTORY OF DRFR

April 13, 1962 - Announcement of the new Division of Research Facilities and Resources was made by Dr. Luther L. Terry, Surgeon General of the Public Health Service.

July 12, 1962 - A memorandum establishing DRFR and outlining its functions and responsibilities was issued by Dr. James A. Shannon, Director of NIH.

July 15, 1962 - The Division of Research Facilities and Resources was established.

LEGISLATIVE CHRONOLOGY OF DRFR

August 15, 1950 - Congress appropriated $2 million for the establishment of one or two primate research centers under Public Law 81-692.

July 30, 1956 - The Health Research Facilities Act of 1956 authorized a Public Health Service program of Federal matching grants to public and non-profit institutions for the construction of health research facilities, and added Title VII to the Public Health Service Act.

August 27, 1958 - Public Law 85-777 extended Title VII for an additional three-year period.

September 15, 1960 - Public Law 86-798 amended the Public Health Service Act to authorize grants-in-aid to universities, hospitals, laboratories, and other public and non-profit institutions, to strengthen their programs of research and research training in sciences related to health. The Act also authorized the use of funds appropriated for research or research training to be set aside by the Surgeon General in a special account for General Research Support Grants.

October 5, 1961 - Public Law 87-395 extended Title VII for one year, included research training areas, and increased the authorization to $50 million.

October 17, 1962 - This act, Public Law 87-838, which authorized the Surgeon General to establish the National Institute of General Medical Sciences and the National Institute of Child Health and Human Development, also extended Title VII for an additional three-year period.

September 24, 1963 - Public Law 88-129 amended the Health Research Facilities Act of 1956 to allow grants for multi-purpose facilities that would provide teaching space as well as essential research space.

October 31, 1963 - Public Law 88-164, known as the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963," authorized a total of $329 million over a five-year period for grants to assist in the construction of mental retardation research centers and community mental health centers, and to train teachers of mentally retarded and other handicapped children.

BRIEF BIOGRAPHICAL SKETCH OF THE CHIEF OF THE DIVISION OF RESEARCH FACILITIES AND RESOURCES

Frederick L. Stone, Ph. D.

A native of Biloxi, Mississippi, Dr. Frederick L. Stone received his B. S. degree from Middlebury College, Vermont, in 1937. From the University of Rochester in New York he received his M. S. degree in 1942 and his Ph. D. in 1946. After service in the U. S. Marine Corps he was commissioned in the U. S. Public Health Service and was stationed at NIH until 1954, serving as Assistant Chief of DRG and Special Assistant to the Associate Director of NIH.

After a short absence during which he was Director of the Medical and Scientific Department of the National Multiple Sclerosis Society and Assistant Vice Chancellor for professional services in the Schools of the Health Professions at the University of Pittsburgh, he returned to NIH. Before his appointment on July 15, 1962 to head the DRFR, he was Assistant Chief of what is now the National Institute of General Medical Sciences.

DRFR RESEARCH CONTRACTS EXECUTED, 1963 1/

YEAR	AMOUNT
1963	$1,271,800
Total	$1,271,800

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

DRFR EMPLOYEES, 1962-1963

Year	Number of Employees
1962	75
1963	112

Source: Personnel Management Branch,
Office of the Director, NIH.

SPECIAL PROGRAMS OF DRFR

Animal Resources (Primate Centers) Program

The first primate center award was made in 1960 by the National Heart Institute after Congress appropriated $2 million for establishment of one or two primate research centers. This program is now administered by DRFR.

General Clinical Research Centers Program

The NIH extramural clinical research centers program was started in the fall of 1959 following recommendations by Congress to improve the quality of clinical research and to put laboratory research to use much more rapidly. Responsibility for organizing and operating the program was initially assigned to DGMS in 1962.

General Research Support Program

In 1960 the Public Health Service was authorized to make grants-in-aid to universities, hospitals, laboratories, and other public and nonprofit institutions, to strengthen their programs of research and research training in sciences related to health. In 1962 the Public Health Service was further authorized to set aside monies appropriated for research or research training in a special account for General Research Support grants. The first awards under this program were made in January 1962.

Health Research Facilities Program

In July 1956 the Public Health Service was authorized to establish a program of Federal matching grants to public and non-profit institutions for the construction of health research facilities. The program was later expanded to

include research training facilities, and grants for multipurpose facilities that will provide teaching space as well as essential research space. In October 1963, additional legislation authorized the Public Health Service to grant funds for the construction of centers for research on mental retardation and related aspects of human development.

Special Research Resources Program

Under this program, the Public Health Service may grant funds to provide specialized facilities for instrumentation and electronic development, computing and data processing, animal resources, and other specialized services in support of institutional research programs.

DIVISION OF RESEARCH GRANTS

MISSION OF THE DIVISION OF RESEARCH GRANTS

The Division of Research Grants:

-- Coordinates the formulation of policies and procedures governing the research project and center grants, research training grants, and research fellowships programs of the Public Health Service.

-- Assigns grant applications to appropriate National advisory Councils and provides for technical study sections and review committees of non-government consultants.

-- Reviews, coordinates, codifies and disseminates policies and procedures pertaining to grantee management of awarded funds, and assures proper payment to grantees.

-- Provides operating statistics on the extramural program of PHS and carries out a continuing review of PHS research and training support and support resources.

-- Administers PHS patent policies governing PHS grantee institutions.

DRG RESEARCH CONTRACTS EXECUTED, 1960-63 1/

YEAR	AMOUNT
1960	$ 4,100
1961	--
1962	196,266
1963	--
Total	$200,366

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

DRG EMPLOYEES, 1951-1963

Year	Number of Employees
1951	285
1952	318
1953	101
1954	102
1955	138
1956	204
1957	263
1958	251
1959	360
1960	460
1961	556
1962	569
1963	544

Source: Personnel Management Branch, Office of the Director, NIH.

DIVISION OF RESEARCH SERVICES

MISSION OF THE DIVISION OF RESEARCH SERVICES

The Division of Research Services:

-- Provides the following centralized services to NIH: Plant engineering, design, construction, maintenance, and plans and negotiations in connection therewith.

-- Landscaping and care of grounds; environmental sanitation.

-- Animal production, care, quarantine, and pathology.

-- Sterile glassware and media preparation.

-- Biomedical instrumentation and engineering services.

-- Electronic data processing.

-- Medical library and translating service.

-- Medical art and other art and exhibits work.

-- Photographic services.

IMPORTANT EVENTS IN THE HISTORY OF DRS

1956 - The Division of Research Services was established on January 1. Until 1955 most of the basic functions now vested in DRS were performed by several branches of the Office of the Director, NIH. DRS was established to provide equipment, and a wide variety of professional and technical services essential to the needs of NIH medical investigators and research administrators. DRS originally consisted of six branches: Biometrics, Laboratory Aids, Plant Engineering, Research Facilities Planning, Sanitary Engineering, and Scientific Reports.

1957 - The Russian Translation Program was established in the NIH Library. This program was subsequently transferred to the National Library of Medicine on July 1, 1961.

1958 - The "modern" era in computation and data processing at NIH began with the acquisition of an IBM 650 digital computer.

1958 - The Special Events Section of the Scientific Reports Branch was transferred to the Clinical Center and the Vehicle Repair Shop was transferred to the Office Services Branch.

1959 - The biometrics function of the Biometrics Branch was transferred to NHI with the Statistical Processing Section remaining in the Branch.

1960 - NIH acquired 513 acres of farm land near Poolesville on May 6. This land became the site of the NIH Animal Center.

1960 - In response to NIH's growing need to apply computer technology to its biomedical research programs, the former Biometrics Branch was abolished and the Statistical Processing Section was reorganized as the Computation and Data Processing Branch.

1960 - In response to the increasing demand of NIH investigators for highly sophisticated instruments, an Instrument Engineering and Development Branch was established in DRS assuming, on an enlarged scale, the instrumentation function originally vested in the Laboratory Aids Branch.

1960 - A development program was formed within the Research Facilities Planning Branch, under which short-term research and development engineering studies were conducted to incorporate the latest design concepts in new NIH facilities.

1960 - The Editorial Section and Publications and Reports Section were transferred to the Office of Research Information, the Library Section was reorganized as the Library Branch within the Division of Research Services, and the remaining Medical Arts Section and Photographic Section of the Scientific Reports Branch were reorganized as the Medical Arts and Photography Branch. Concurrent with these changes, the Scientific Reports Branch was abolished.

1961 - The Sanitary Engineering Branch was reorganized with sanitation and biological activities in one section and engineering activities in another. The Branch's name was changed to Environmental Services Branch.

1961 - A Minneapolis Honeywell 800 computer was installed late in 1961.

1962 - DRS attained its present organization of an Office of the Chief and eight branches: Computation and Data Processing, Environmental Services, Instrument Engineering and Development, Laboratory Aids, Library, Medical Arts and Photography, Plant Engineering, and Research Facilities Planning.

1962 - Production of germfree and pathogen-free animals was started in the Laboratory Aids Branch.

1963 - A second Minneapolis Honeywell 800 computer was added to the central computer facility in March.

LEGISLATIVE CHRONOLOGY OF DRS

January 1, 1956 - The Surgeon General approved the establishment of the Division of Research Services under the authority of Section 301 of the Public Health Service Act as amended (42 USC 241).

BRIEF BIOGRAPHICAL SKETCH OF THE CHIEF OF THE DIVISION OF RESEARCH SERVICES

Chris A. Hansen, M. S.

Mr. Chris A. Hansen became the first Chief of the Division of Research Services in April 1956. Before coming to NIH he was Assistant Chief (Operations) of the Communicable Disease Center (CDC), Atlanta, Georgia, a position he had held since late 1952. During this time he also served as Chief of the Facilities Planning Office, which was charged with the development of six new CDC buildings.

Mr. Hansen joined the U. S. Public Health Service Reserve Corps in 1942 and was assigned to the Headquarters of Malaria Control in War Areas, Atlanta. He remained with this organization (which became the CDC in 1946) until he joined NIH. At CDC he served in various capacities, including Chief of the Engineering Division, Executive Officer, and Assistant Chief.

He graduated from North Dakota State College in 1937 with a B. S. in civil engineering and was awarded his M. S. in sanitary engineering by the University of North Carolina 1942.

Mr. Hansen was appointed to the Regular Corps of the Public Health Service in June 1946. He is a member of several honorary and professional societies and is a Diplomate in the American Academy of Sanitary Engineering.

DRS RESEARCH CONTRACTS EXECUTED, 1960-63 1/

YEAR	AMOUNT
1960	$ 30,278
1961	26,255
1962	228,449
1963	119,598
Total	$404,580

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

DRS EMPLOYEES, 1956-1963

Year	Number of Employees
1956	729
1957	780
1958	809.
1959	866
1960	955
1961	1,099
1962	1,242
1963	1,264

Source: Personnel Management Branch,
Office of the Director, NIH.

DRS FIELD STATIONS OR OTHER SPECIAL FACILITIES

Rockville Farm
Rockville, Maryland

In October 1948, a Maryland dairyman and contractor offered NIH the temporary use of one or two farms that he owned as a contribution to medical research. An NIH committee chose a six-acre farm outside of Rockville as most suitable. On June 28, 1949 the Rockville Farm was officially transferred to the Public Health Service. For the next 12 years, it helped to meet the growing needs of NIH laboratories for a variety of large and small research animals. Following the purchase of farmland near Poolesville, Maryland, for a new NIH Animal Center, the Rockville Farm was officially vacated by NIH on June 30, 1962.

NIH Animal Center
Poolesville, Maryland

In May 1960 NIH purchased 513 acres of farmland lying southwest of Poolesville, Maryland, near the Potomac River. The original cost of the land was $146,689. To date much of the activity at the NIH Animal Center has been of a quarantine and temporary holding nature. The initial phase of a large construction program has begun, and within the next four years most of the animal breeding and quarantine programs at NIH will be transferred to the Animal Center. When in full operation, the Center will employ between 150 and 200 scientific and technical persons, and will be an extension of animal holding and production facilities at Bethesda. Programs of the Institutes will include studies of animal behavior, air pollution, blood products, and other non-infectious investigations. The animal population at the Center varies as research programs change. However, to give an idea of the kinds of animals at the Center, the population in May 1964 was:

Horses	19
Burros	18
Sheep	217
Goats	60
Cattle	6
Swine	12
Dogs	609
Cats	8
Chickens	24

CLINICAL CENTER

MISSION OF THE CLINICAL CENTER

The Clinical Center:

-- Provides for an integrated operation of its patient facilities, which service those Institutes conducting clinical investigations.

-- Provides facilities and services, other than physician care, for the medical care, maintenance, and general welfare of patients.

-- Develops and recommends policies and rules for the protection and welfare of patients.

-- Conducts research in methods and techniques of hospital administration in a medical research environment.

-- Provides general supervision for residency training and related programs of the Center.

-- Provides cafeteria and housekeeping services for the Clinical Center building.

IMPORTANT EVENTS IN THE HISTORY OF CC

November 1948 - Construction of the NIH Clinical Center was started.

June 22, 1951 - The cornerstone-laying ceremony was held with Oscar R. Ewing, Federal Security Administrator, officiating, and President Harry S. Truman as honored guest.

July 2, 1953 - The Clinical Center was dedicated by Oveta Culp Hobby, Secretary of the U.S. Department of Health, Education and Welfare.

July 6, 1953 - The first patient was admitted to the Clinical Center.

September 5, 1963 - A new surgical wing for cardiac surgery and neurosurgery was dedicated by Luther L. Terry, M.D., Surgeon General of the U.S. Public Health Service.

LEGISLATIVE CHRONOLOGY OF THE CLINICAL CENTER

July 1, 1944 - Public Law 410, the Public Health Service Act, authorized establishment of the Clinical Center.

July 8, 1947 - Under Public Law 165, research construction provisions of the Appropriations Act for fiscal year 1948 provided funds "For the acquisition of a site, and the preparation of plans, specifications, and drawings, for additional research buildings and a six-hundred-bed clinical research hospital and necessary accessory buildings related thereto to be used in general medical research..."

BRIEF BIOGRAPHICAL SKETCHES OF THE DIRECTORS OF THE CLINICAL CENTER

John A. Trautman, M. D.

Dr. John A. Trautman served as Director of the Clinical Center from July 1, 1951 to June 24, 1954. Prior to his tenure at the Clinical Center, Dr. Trautman directed the PHS Staten Island facility, a 985-bed general hospital. From 1946 to 1948, he was Chief of the same hospital's Department of Dermatology and Syphilology.

Dr. Trautman entered the Public Health Service in 1939, serving his internship at the Chicago Marine Hospital. Thereafter he was assigned to various PHS facilities where he gained wide experience in hospital administration and clinical investigation.

Upon leaving the Clinical Center in 1954, Dr. Trautman assumed the position of Medical Officer in Charge of the PHS Hospital in Fort Worth, Texas. He currently holds the same position at the PHS Hospital in New Orleans, Louisiana.

Donald W. Patrick, M. D.

Dr. Donald W. Patrick served as Director of the Clinical Center from June 23, 1954 to October 30, 1956. Prior to his appointment as Director of the Clinical Center, Dr. Patrick served as Medical Officer in Charge of PHS Hospitals from 1945 to 1954 at Evansville, Indiana; Detroit, Michigan; and Baltimore, Maryland.

A native of Denver, Colorado, Dr. Patrick received his M. D. from the University of Colorado in 1930. After interning at New Orleans Hospital, he was commissioned in the Public Health Service in 1931. Dr. Patrick joined the NIH staff in 1935, and the following year his NIH assignment took him to the Leprosy Investigations Service at the Kalihi Hospital in Honolulu.

He returned to this country in 1940 and served as Executive Officer at the PHS Staten Island Hospital for 4 years. After leaving the Clinical Center in 1956, Dr. Patrick was Medical Director of the PHS Hospital in San Francisco until his retirement on August 1, 1962.

Jack Masur, M. D.

Dr. Jack Masur has served as Director of the Clinical Center since November 1, 1956. In addition to directing this research hospital, Dr. Masur has staff responsibility in the Office of the Director, NIH, as Associate Director for Clinical Care Administration. Since joining the Commissioned Corps of the Public Health Service in 1943 he has held a variety of responsible posts.

Internationally known in the fields of hospital administration and hospital planning and construction, Dr. Masur served as Director of the Clinical Center Project from 1948 to 1951. As Assistant Surgeon General and Chief of the Bureau of Medical Services from 1951-1956, he directed the broad medical care program of PHS by administering its USPHS hospitals and other hospital facilities, including Freedmen's Hospital in Washington, D. C.

Before joining PHS, Dr. Masur was executive director of Lebanon Hospital and assistant director of Montefiore Hospital, both in New York City. He is a graduate of New York University and Cornell University Medical School, taking his internship at Bellevue Hospital in New York and his residency in medicine at Montefiore Hospital.

Active in many medical and health organizations, Dr. Masur has held a number of positions in the American Hospital Association, including the Presidency in 1961-62. He is also a member of the Joint Commission on Accreditation of Hospitals; a member of the Advisory Committee of the Kellogg Foundation and of the Sloan Institute for Hospital Administration, and has been President of the American Association of Hospital Consultants. Since 1947, Dr. Masur has held a teaching appointment as Lecturer in Hospital Administration at Columbia University. He is a native of Augusta, Georgia.

CC EMPLOYEES, 1952-1963

Year	Number of Employees
1952	50
1953	627
1954	645
1955	946
1956	1,407
1957	1,563
1958	1,597
1959	1,660
1960	1,686
1961	1,684
1962	1,778
1963	1,858

Source: Personnel Management Branch, Office of the Director, NIH.

CC RESEARCH CONTRACTS EXECUTED, 1961-63 1/

YEAR	AMOUNT
1961	$ 30,733
1962	--
1963	101,180
Total	$131,913

1/ By calendar, not fiscal, year.

Source: Office of Research Information, Office of the Director, NIH.

CLINICAL CENTER ADMISSIONS BY INSTITUTE

Year	NCI	NHI	NIAID	NIAMD	NIDR	NIMH	NINDB	Yearly Total
1954	323	382	259	129	0	51	308	1,452
1955	455	481	246	250	6	73	358	1,889
1956	585	615	281	295	40	110	483	2,409
1957	769	788	330	317	26	140	524	2,894
1958	891	889	422	325	47	154	572	3,300
1959	878	1,056	364	376	42	86	650	3,452
1960	881	1,065	381	446	39	127	729	3,668
1961	940	1,015	450	490	38	200	743	3,876
1962	1,068	1,086	423	527	65	204	778	4,151
1963	951	1,018	433	514	53	239	652	3,860
Totals	7,741	8,395	3,589	3,669	356	1,404	5,797	30,951

Source: Information Office, Clinical Center, NIH.

CLINICAL CENTER BED COMPLEMENT INCREASE, ON A SEMI-ANNUAL BASIS

Date	NCI	NHI	NIDR	NIAMD	NIAID	NIMH	NINDB	Total
December 1953	26	26		26	26	31	26	161
June 1954	52	52		39	26	44	37	250
December 1954	76	62		48	36	58	52	332
June 1955	89	72		48	39	58	67	373
December 1955	91	72	2	52	39	73	67	396
June 1956	104	76	5	55	52	73	78	443
December 1956	104	102	5	55	52	73	78	469
June 1957	139	102	5	61	52	73	78	510
July 3, 1957	139	102	5	61	52	79	78	516

The 516 total bed capacity has remained to date. Reallotment of beds between NCI and NIAMD was made, with the present bed complement assignment as follows:

	130	102	5	70	52	79	78	516

Source: Information Office, Clinical Center, NIH.

NORMAL VOLUNTEERS ADMITTED TO THE CLINICAL CENTER

Year	Number
1954	17
1955	53
1956	68
1957	81
1958	85
1959	100
1960	274
1961	501
1962	477
1963	582
Total	2,238

Source: Information Office, Clinical Center, NIH.

PART III

THE EXTRAMURAL PROGRAM

TOTAL EXTRAMURAL GRANT AND AWARD[1] APPROPRIATIONS BY FUNDING INSTITUTE OR DIVISION, FY 1946-1963

(amounts in thousands of dollars)

Fiscal Year	NIAID	NIAMD	NCI	NIDR	GMS[2]	NHI	NIMH	NINDB	Total
1946			$ 128		$ 722				$ 850
1947			843		3,022				3,865
1948			4,650		6,051		$ 1,503		12,204
1949			6,300		7,540		2,076		15,916
1950			5,725	$ 235	6,085	$ 5,034	3,850		20,929
1951			6,085	271	8,016	5,918	4,701		24,991
1952			6,015	271	9,350	6,015	5,669		27,320
1953			8,270	271	9,250	7,206	5,585		30,582
1954	$ 2,067	$ 3,621	10,974	271	4,124	10,451	6,950	$ 3,354	41,812
1955	2,227	4,390	11,746	521	4,124	11,385	8,084	5,054	47,531
1956	2,227	5,910	12,696	521	5,249	12,565	10,122	6,300	55,590
1957	8,182	10,290	28,522	3,700	9,477	24,630	24,073	14,280	123,154[3]
1958	11,591	13,837	26,984	3,825	11,466	26,099	27,049	16,250	137,101[3]
1959	17,091	23,421	35,291	4,500	25,921	33,931	38,443	23,166	201,764[3]
1960	26,280	38,553	46,185	6,226	41,909	47,810	51,684	33,908	292,555[3]
1961	35,141	50,882	63,183	9,088	79,243	70,640	81,734	47,687	437,598[3]
1962	43,900	69,809	80,855	13,624	121,537	109,182	85,741	56,240	580,888[3]
1963	49,256	90,011	81,546	17,525	151,343	120,464	111,415	67,022	688,582
Total	$197,962	$310,724	$435,998	$60,849	$504,429	$491,330	$468,679	$273,261	$2,743,232

1/ Includes research, fellowship and training grants only. Excludes state control programs, community demonstration projects, etc.

2/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.

3/ Excludes $30 million for construction of health research facilities administered by DRG.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

NUMBER AND AMOUNT OF RESEARCH GRANTS AWARDED BY INSTITUTES AND DIVISIONS

FY 1938-1963

(amounts in thousands of dollars)

Fiscal Year	NIAMD		NIAID[6]		NCI		NIDR		GMS[3]		NHI		NIMH		NINDB	
	No.	Amt.	No.	Amt.	No.	Amt.	No.	Amt.	No.	Amt.	No.	Amt.	No.	Amt.	No.	Amt.
1938					9	$ 91										
1939					10	68										
1940					13	61										
1941					12	78										
1942					12	78										
1943					9	49										
1944					5	53										
1945					9	85										
1946					13	77			51	$ 559						
1947					51	470			177	1,668						
1948					343	4,208	24	$ 111[1]	412	3,543			25	$ 254		
1949					389	4,557	30	165[1]	459	3,802	128	$1,487[1]	43	504		
1950					316	2,708	34	200	476	3,424	388	4,000	75	805		
1951	46	$ 705[1]	152	$1,435[1]	335	3,389	38	226	569	5,364	403	4,463	102	1,057	50	$ 491[5]
1952	130	1,376[1]	220	2,018[1]	320	3,161	36	232	494	4,352	378	5,0.1	103	1,379	117	1,048[1][5]
1953	143	1,435[1]	233	2,085[1]	481	5,066	30	230	528	4,309	438	5,279	110	1,493	121	1,039[1][5]
1954	359	3,272	217	2,062	670	7,552	27	228	497	4,278	605	7,120	180	2,612	300	2,826
1955	432	4,149	236	2,270	720	8,500	49	431	470	4,224	726	8,017	223	3,642	400	3,929
1956	469	4,970	230	2,282	779	9,678	52	429	482	5,186	756	8,974	231	3,340	431	4,551
1957	772	8,222	774	8,115	1,165	18,790	274	2,692	653	7,992	1,390	18,344	484	7,406	674	9,345
1958	961	11,189	906	10,822	1,301	22,040	292	2,827	754	9,613	1,357	19,699	672	12,445	785	10,845
1959	1,406	18,829	1,150	14,530[2]	1,635	29,742[2]	340	3,484	1,155	16,859	1,571	25,070	900	17,093[4]	1,009	17,022
1960	2,083	30,720[2]	1,508	21,057[2]	1,793	34,379[2]	372	4,508	1,361	26,018	2,064	35,947[2]	1,182	22,809[4]	1,209	23,281
1961	2,399	38,989	1,945	29,144	1,806	43,158	426	5,535	1,825	42,659	2,339	52,491	1,426	30,491	1,368	30,474
1962	2,754	53,075	1,803	33,965	1,914	47,501	411	6,580	2,127	64,905	2,603	69,398	1,712	40,320	1,498	36,354
1963	2,845	62,021	1,705	36,225	1,792	54,530	457	8,831	2,202	52,119	2,433	70,961	1,841	49,688	1,615	43,143

1/ Funded from NIH operating expenses.
2/ Excludes $500,000 for metabolic research center grants funded to DGMS.
3/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.
4/ Excludes $492,887 for metabolic research center grants funded by DGMS.
5/ Funded from NIH operating expenses and NIMH.
6/ National Microbiological Institute until FY 1956.
Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

RESEARCH GRANT APPROPRIATIONS

BY FUNDING INSTITUTE OR DIVISION, FY 1946-63

(amounts in thousands of dollars)

Fiscal Year	NIAID	NIAMD	NCI	NIDR	GMS[1]	NHI	NIMH	NINDB	Total
1946			$ 77		$ 703				$ 780
1947			515		2,922				3,437
1948			2,600		5,901		$ 374		8,874[2]
1949			3,300	[3]	7,025	[3]	546		10,871
1950			2,600	$ 200	5,570	$ 3,902	794		13,066
1951	[3]	[3]	3,170	221	7,501	4,730	1,152	[3]	16,774
1952	[3]	[3]	3,100	221	8,615	4,824	1,413	[3]	18,173
1953	[3]	[3]	4,920	221	8,515	5,133	1,585	[3]	20,374
1954	$ 1,950	$ 3,196	7,369	221	4,000	6,843	2,587	$ 2,700	28,866
1955	2,110	3,990	8,160	421	4,000	7,750	3,587	3,900	33,918
1956	2,110	4,810	9,110	421	5,000	8,550	3,937	4,350	38,288
1957	8,065	8,140	22,847	2,700	7,954	18,895	11,426	9,630	89,657[4]
1958	10,824	11,037	21,059	2,825	9,468	19,364	12,402	10,750	97,729
1959	14,438	18,649	27,814	3,627	16,621	24,616	18,834	16,855	141,454
1960	21,593	31,818	37,068	4,476	23,559	36,468	23,482	24,484	202,948
1961	28,951	41,712	53,728	6,363	42,143	55,570	39,874	38,437	306,778
1962	36,800	58,009	68,700	8,073	79,247	91,928	46,445	44,460	433,662
1963	39,156	73,050	63,288	10,042	101,421	98,514	56,162	51,232	492,805
Total	$165,997	$254,411	$339,425	$40,032	$340,166	$387,087	$224,600	$206,798	$1,958,455

1/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.
2/ Total deviates because of rounding.
3/ Operations funded through general medicine by allocation from general research and services appropriation.
4/ Excludes $25,000 transferred to fellowship program.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

TOTAL APPROPRIATIONS FOR TRAINING PROGRAMS

BY FUNDING INSTITUTE OR DIVISION, FY 1946-63

(amounts in thousands of dollars)

Fiscal Year	NIAID	NIAMD	NCI	NIDR	GMS[1/]	NHI	NIMH	NINDB	Total
1946			$ 25						$ 25
1947			250						250
1948			1,750				$ 1,060		2,810
1949			2,500				1,430		3,930
1950			2,625			$ 834	2,956		6,415
1951			2,415			888	3,349		6,652
1952			2,415		$ 86	891	4,000		7,392
1953			2,725		86	1,623	3,750		8,184
1954		$ 250	2,855			3,028	4,176	$ 504	10,813
1955		250	2,725			2,762	4,310	1,004	11,051
1956		950	2,725			3,142	5,885	1,800	14,502
1957		1,850	4,675	$ 500	500	4,400	12,000	4,150	28,075
1958	$ 650	2,450	4,725	500	500	5,135	14,000	4,972	32,932
1959	1,787	4,435	6,050	450	6,040	7,152	18,213	5,775	49,902
1960	3,621	6,298	6,855	1,100	13,038	8,676	26,197	8,888	74,673
1961	4,790	8,300	7,055	2,965	27,000	11,970	39,470	8,450	110,000
1962	5,400	10,300	9,055	4,791	31,000	13,104	34,856	10,000	118,506
1963	7,200	13,034	13,470	5,853	35,442	16,000	49,373	13,767	154,139
Total	$23,448	$48,117	$74,894	$16,159	$113,692	$79,605	$225,025	$59,310	$640,251

1/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

FELLOWSHIP AWARD APPROPRIATIONS

BY FUNDING INSTITUTE OR DIVISION, FY 1946-63

(amounts in thousands of dollars)

Year	NIAID	NIAMD	NCI	NIDR	GMS[1/]	NHI	NIMH	NINDB	Total
1946			$ 26		$ 19				$ 45
1947			78		100				178
1948			300		150		$ 70		520
1949			500		515		100		1,115
1950			500	$ 35	515	$ 298	100		1,448
1951			500	50	515	300	200		1,565
1952			500	50	649	300	256		1,755
1953			625	50	649	450	250		2,024
1954	$ 117	$ 175	750	50	124	580	187	$ 150	2,133
1955	117	150	861	100	124	873	187	150	2,562
1956	117	150	861	100	249	873	300	150	2,800
1957	117	300	1,000	500	1,023	2/ 1,335	647	500	5,422
1958	117	350	1,200	500	1,498	1,600	647	528	6,440
1959	866	337	1,427	423	3,260	2,163	1,396	536	10,408
1960	1,066	437	2,400	650	5,310	2,663	1,996	536	14,570
1961	1,400	870	2,400	760	10,100	3,100	2,390	980	22,000
1962	1,700	1,500	3,100	1,120	11,290	4,150	4,440	1,780	29,080
1963	2,900	3,927	4,788	1,630	14,480	5,950	5,940	2,023	41,638
Total	$8,517	$8,196	$21,816	$6,018	$50,570	$24,635	$19,106	$7,333	$146,513

1/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.

2/ Includes $25,000 transferred from research project funds.

APPROPRIATIONS FOR TRAINEESHIP AWARDS BY FUNDING INSTITUTE OR DIVISION, FY 1946-58 1/

Fiscal Year	NIAMD	NCI	GMS 2/	NHI	NINDB	TOTAL
1946		$ 25				$ 25
1947		250				250
1948		250				250
1949		250				250
1950		375		$ 166		541
1951		375		150		525
1952		375	$ 86	150		611
1953		500	86	250		836
1954	$250	500		400	$104	1,254
1955	250	500		400	104	1,254
1956		500				500
1957		730				730
1958		800				800
Total	$500	$5,430	$172	$1,516	$208	$7,826

1/ Subsequent years included in appropriations for training grants.

2/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

RESEARCH CONTRACTS EXECUTED BY FUNDING INSTITUTE OR DIVISION

1960 - 1963[1]

Institute or Division	1960	1961	1962	1963	Total
NHI	$ 28,065	$ 21,858	$ 58,589	$ 176,199	$ 284,711
NCI	19,170,398	6,565,851	7,590,972	8,708,973	42,036,194
NIAID	2,278	250,302	2,000,052	1,864,428	4,117,060
NIAMD	80,416	84,973	79,387	277,620	522,396
NIDR		14,750	7,500	24,000	46,250
NIGMS				1,687,416	1,687,416
NIMH	652,562	521,501	1,100,857	1,080,657	3,355,577
NINDB	333,622	53,100	325,400	637,321	1,349,443
NICHD				12,125	12,125
DRG	4,100		196,266		200,366
DRS	30,278	26,255	228,449	119,598	404,580
DRFR				1,271,800	1,271,800
DGMS		180,168	325,282		505,450
DBS		5,785		422,448	428,233
OD		7,301	96,455	100,000	203,756
CC		30,733		101,180	131,913
Other			330,232[2]	20,390[3]	350,622
TOTAL	$20,301,719	$7,762,577	$12,339,441	$16,504,155	$56,907,892

1/ By calendar, not fiscal, year.

2/ Includes:

NINDB, NIAMD, NIMH	$ 10,060
NINDB, NHI	293,836
NINDB, NHI	26,336
	$330,232

3/

NINDB, NIAMD, NIMH	$ 10,390
DRS, OD	10,000
	$ 20,390

Source: Office of Research Information, Office of the Director, NIH.

RESEARCH PROJECT GRANTS AWARDED

TO FOREIGN INSTITUTIONS AND INTERNATIONAL ORGANIZATIONS

	Year of First Award	Awards Through June 30, 1963 Number	Amount
GRAND TOTAL		3,182	$50,393,690
Total Excluding International Organizations:		3,006	$43,573,238
Western Hemisphere - Total		808	$12,602,701
Bermuda	1949	1	125
Canada	1949	444	6,984,681
Latin America - Total		363	$5,617,895
Argentina	1950	74	859,749
Brazil	1948	54	643,871
Chile	1958	44	356,752
Colombia	1957	13	137,011
Costa Rica	1961	3	28,342
Ecuador	1963	1	14,600
El Salvador	1961	4	85,109
Guatemala	1960	3	21,975
Jamaica	1959	5	66,422
Mexico	1949	62	844,389
Panama	1957	26	812,036
Peru	1951	50	1,275,121
Uruguay	1961	17	269,732
Venezuela	1962	7	202,786
Europe - Total		1,334	$19,611,602
Austria	1961	24	166,181
Belgium	1950	63	752,046
Denmark	1948	110	953,024
Finland	1953	69	657,623
France	1948	168	2,604,234
Germany, Federal Republic of	1951	40	330,037
Greece	1959	9	81,696
Iceland	1961	5	81,584
Ireland	1958	27	230,557
Italy	1957	109	1,312,104
Netherlands	1958	45	507,235
Norway	1948	46	565,067
Portugal	1960	6	83,024
Spain	1961	7	62,330

	Year of First Award	Awards Through June 30, 1963 Number	Amount
Sweden	1951	236	4,714,179
Switzerland	1951	43	431,159
United Kingdom	1948	320	5,993,522
Yugoslavia	1960	7	86,000
Africa - Total		91	$1,828,232
Congo, Republic of	1960	4	65,786
Kenya	1962	2	29,449
Liberia	1956	18	496,207
Nigeria	1962	4	129,100
Senegal	1960	2	59,800
South Africa, Republic of	1953	56	938,860
Tanganyika	1960	4	103,090
Uganda	1963	1	5,940
Middle East - Total		339	$4,494,141
Israel	1948	271	3,731,100
Jordan	1962	2	82,101
Lebanon	1951	64	657,390
Turkey	1961	2	23,550
South Asia & Far East - Total		434	$5,036,562
Australia	1947	75	1,246,021
Hong Kong	1959	7	69,541
India	1955	26	213,487
Japan	1956	259	2,902,419
Korea	1959	9	75,722
Malaya	1962	3	48,224
New Zealand	1958	18	144,118
Pakistan	1961	2	33,900
Philippines	1949	19	160,988
Taiwan	1953	4	55,300
Thailand	1960	12	86,842
International Organizations - Total:		176	$6,820,452
International Intergovernmental Organizations - Total		91	$4,606,997
World Health Organization	1957	11	1,273,800
Pan American Health Organiza.	1947	41	1,872,190
Institute of Nutrition of Central America & Panama	1956	39	1,461,007

	Year of First Award	Awards Through June 30, 1963 Number	Amount
International Professional (Research) - Total		65	$1,805,050
Excerpta Medica Foundation	1957	30	699,056
Federation Dentaire Internationale	1957	4	35,081
International Union against Cancer	1954	17	216,659
World Federation of Neurology	1956	10	781,454
International Brain Research Organization	1962	4	72,800
International Professional (Meetings) - Total		20	$408,405
Federation Dentaire Internationale	1961	1	10,143
International Congress of Opthamology	1957	2	20,000
South Pacific Commission	1961	1	6,920
Third World Congress of Psychiatry	1961	1	75,000
World Federation of Mental Health	1961	1	47,150
World Federation of Neurology	1961	3	48,000
First Asian & Oceanian Congress of Neurology	1962	1	25,992
Fourth World Congress of Cardiology	1962	1	30,000
International Union for Health Education	1962	1	57,000
Seventh International Congress of Tropical Medicine	1963	1	30,000
Seventeenth International Tuberculosis Conference	1963	1	10,000
Seventeenth International Congress of Cardiology	1963	1	4,700
Sixth Congress of International Cardiovascular Societies	1963	1	9,000
World Federation of Neurology	1963	1	2,000
First Congress of Neurological Sciences	1957	2	19,000
International Congress of Physiological Sciences	1959	1	13,500

Source: Program Analysis Section, Office of International Research, NIH.

NUMBER AND AMOUNT OF RESEARCH GRANTS
BY TYPES OF GRANTEE INSTITUTIONS, FY 1953-1962

TYPE OF INSTITUTION	FY 1953 Number	FY 1953 Amount	FY 1954 Number	FY 1954 Amount
WITHIN THE U. S.	2,152	$21,328,090	2,792	$28,751,023
Universities	1,808	17,027,369	2,291	22,436,069
Hospitals	258	3,242,778	389	4,829,022
Government Health Departments (National, State, and Local)	11	240,907	11	281,671
Other Government Departments (National, State, and Local)	6	37,581	6	70,008
Private, Non-Profit Organizations	67	769,260	92	1,123,753
Industry	1	4,995	-	-
Individual	1	5,200	3	10,500
OUTSIDE THE U. S.	35	303,592	25	197,600
TOTAL	2,187	$21,631,682	2,817	$28,948,623

TYPE OF INSTITUTION	FY 1955 Number	FY 1955 Amount	FY 1956 Number	FY 1956 Amount
WITHIN THE U. S.	3,175	$33,858,875	3,406	$40,365,595
Universities	2,623	26,490,132	2,790	30,948,434
Hospitals	418	5,473,908	440	6,509,547
Government Health Departments (National, State, and Local)	12	225,352	12	176,075
Other Government Departments (National, State, and Local)	6	69,654	5	74,587
Private, Non-profit Organizations	113	1,570,992	155	2,606,181
Industry	2	26,337	2	26,371
Individual	1	2,500	2	24,400
OUTSIDE THE U. S.	23	159,493	33	315,365
TOTAL	3,198	$34,018,368	3,439	$40,680,960

(continued)

TYPE OF INSTITUTION	FY 1957 Number	FY 1957 Amount	FY 1958 Number	FY 1958 Amount
WITHIN THE U. S.	6,101	$80,081,087	11,819	$162,404,905
Universities	4,925	59,529,666	9,395	118,968,068
Hospitals	806	13,394,774	1,391	24,215,051
Government Health Departments (National, State, and Local)	37	535,392	77	1,593,451
Other Government Departments (National, State and Local)	14	165,434	113	2,508,938
Private, Non-Profit Organizations	298	6,306,251	764	13,174,271
Industry	4	52,951	60	1,690,402
Individual	17	96,619	19	254,724
OUTSIDE THE U. S.	86	1,050,310	591	8,799,427
TOTAL	6,187	$81,131,397	12,410	$171,204,332

TYPE OF INSTITUTION	FY 1959 Number	FY 1959 Amount	FY 1960 Number	FY 1960 Amount
WITHIN THE U. S.	8,694	$134,862,065	9,735	$164,193,317
Universities	6,966	100,958,525	7,772	122,248,927
Hospitals	1,096	21,878,364	1,273	25,498,081
Government Health Departments (National, State, and Local)	89	2,441,716	101	2,477,767
Other Government Departments (National, State, and Local)	37	512,441	41	713,422
Private, Non-Profit Organizations	463	8,352,597	508	12,620,367
Industry	22	554,276	24	516,429
Individual	21	164,146	16	118,324
OUTSIDE THE U. S.	192	3,301,768	267	4,477,886
TOTAL	8,886	$138,163,833	10,002	$168,671,203

TYPE OF INSTITUTION	FY 1961 Number	FY 1961 Amount	FY 1962 Number	FY 1962 Amount
WITHIN THE U. S.	12,889	$268,114,573	13,962	$333,712,609
Universities	10,232	201,096,170	11,076	252,547,843
Hospitals	1,689	42,097,523	1,805	45,522,752
Government Health Departments (National, State, and Local)	176	4,705,617	144	3,783,163
Other Government Departments (National, State, and Local)	65	1,017,938	63	1,677,457
Private, Non-Profit Organizations	672	18,078,894	776	25,249,228
Industry	34	890,371	48	3,858,357
Individual	21	228,060	50	1,073,809
OUTSIDE THE U. S.	575	9,414,106	860	14,068,009
TOTAL	13,464	$277,528,679	14,822	$347,780,618

Source: Bio-Sciences Information Exchange, Washington, D. C.

NIH TOTAL GRANTS AND AWARDS AS A PERCENTAGE

OF TOTAL NIH OR INSTITUTE APPROPRIATIONS, FY 1946-1962

Fiscal Year	Total	NIAID	NIAMD	NCI	NIDR	GMS[1/]	NHI	NIMH	NINDB
	(percent)								
1946	24.89			23.31		25.19			
1947	47.86			46.29		48.31			
1948	42.26			32.07		59.76		35.36	
1949	42.25			45.00		51.86		22.74	
1950	47.99			30.29	13.20	50.39	46.94	33.15	
1951	41.61			30.29	13.86	56.00	41.68	49.46	
1952	47.37			30.60	16.75	59.34	59.65	53.67	
1953	51.81			46.23	16.42	55.73	60.05	51.26	
1954	58.76	36.02	51.73	54.23	15.57	88.21	68.90	57.46	74.53
1955	58.49	36.03	53.08	54.04	26.16	88.21	68.30	57.14	66.50
1956	56.46	28.64	54.52	50.83	23.94	88.53	66.49	56.23	63.89
1957	67.29	61.52	64.78	58.89	61.40	78.18	73.75	68.39	76.57
1958	64.92	66.61	67.88	47.84	59.49	81.75	72.63	68.97	75.98
1959	68.54	71.00	75.03	46.89	60.65	89.46	74.39	73.34	78.79
1960	73.14	77.17	82.27	50.61	62.14	91.11	76.82	75.90	81.73
1961	78.14	79.86	83.14	56.92	58.63	94.45	81.29	81.00	84.25
1962	78.78	78.26	85.31	56.61	78.57	95.97	82.15	78.75	79.42

1/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

INSTITUTES AND DIVISIONS GRANTS AND AWARDS

AS A PERCENTAGE OF TOTAL NIH GRANTS AND AWARDS APPROPRIATIONS

(Extramural Program, FY 1946-1962)

Fiscal Year	Total (thousands)	NIAID	NIAMD	NCI	NIDR	GMS[1]	NHI	NIMH	NINDB
1946	$ 850			15%		85%			
1947	3,865			22		78			
1948	12,204			38		50		12%	
1949	15,916			40		47		13	
1950	20,929			27	1%	29	24%	19	
1951	24,991			24	1	32	24	19	
1952	27,320			22	1	34	22	21	
1953	30,582			27	1	30	24	18	
1954	41,812	5%	9%	26	1	10	25	16	8%
1955	47,531	5	9	25	1	9	24	17	10
1956	55,590	4	11	23	1	9	23	18	11
1957	123,154[2]	7	8	23	3	8	20	19	12
1958	137,101[2]	8	10	20	3	8	19	20	12
1959	201,764[2]	8	12	17	2	13	17	19	12
1960	292,555[2]	9	13	16	2	14	16	18	12
1961	437,598[2]	8	12	14	2	18	16	19	11
1962	580,888[2]	7	12	14	2	21	19	15	10

1/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.

2/ Excludes $30 million for construction of health research facilities administered by DRG.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

RESEARCH GRANT APPROPRIATIONS AS A PERCENTAGE

OF EXTRAMURAL PROGRAM APPROPRIATIONS, FY 1946-1962

Fiscal Year	Total	NIAID	NIAMD	NCI	NIDR	GMS[1/]	NHI	NIMH	NINDB
	(percent)								
1946	91.8			60.2		97.4			
1947	88.9			61.1		96.7			
1948	72.7			55.9		97.5		24.9	
1949	68.3			52.4		93.2		26.3	
1950	62.4			45.4	85.1	91.5	77.5	20.6	
1951	67.1			52.1	81.5	93.6	79.9	24.5	
1952	66.5			51.5	81.5	92.1	80.2	24.9	
1953	66.6			59.5	81.5	92.1	71.2	28.4	
1954	69.0	94.3	88.3	67.1	81.5	97.0	65.5	37.2	80.5
1955	71.4	94.7	90.9	69.5	80.8	97.0	68.1	44.4	77.2
1956	68.9	94.7	81.4	71.8	80.8	95.3	68.0	38.9	69.0
1957	72.8	98.6	79.1	80.1	73.0	83.9	76.7	47.5	67.4
1958	71.3	93.4	79.8	78.0	73.9	82.6	74.2	45.9	66.2
1959	70.1	84.5	79.6	78.8	80.6	64.1	72.5	49.0	72.8
1960	69.4	82.2	82.5	80.3	71.9	56.2	76.3	45.4	72.2
1961	70.1	82.4	82.0	85.0	70.0	53.2	78.7	48.8	80.6
1962	74.7	83.8	83.1	85.0	59.3	65.2	84.2	54.2	79.1

1/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

FELLOWSHIP AWARD APPROPRIATIONS AS A PERCENTAGE

OF EXTRAMURAL PROGRAM APPROPRIATIONS, FY 1946-1962

Fiscal Year	Total	NIAID	NIAMD	NCI	NIDR	GMS[1/]	NHI	NIMH	NINDB
	(percent)								
1946	1.32			4.74		.66			
1947	2.20			4.28		1.60			
1948	1.80			2.07		1.48		1.65	
1949	2.96			3.57		3.54		1.10	
1950	2.63			2.65	1.97	4.27	2.78	.86	
1951	2.61			2.49	2.56	3.60	2.11	2.10	
1952	3.04			2.54	3.09	4.12	2.98	2.42	
1953	3.43			3.49	3.03	3.91	3.75	2.29	
1954	3.00	2.04	2.50	3.71	2.87	2.65	3.82	1.55	3.33
1955	3.15	1.89	1.81	3.96	5.03	2.65	5.24	1.32	1.97
1956	2.84	1.50	1.38	3.45	4.60	4.20	4.62	1.67	1.52
1957	2.96	.88	1.89	2.06	8.30	8.44	4.00	1.84	2.68
1958	3.05	.67	1.72	2.13	7.78	10.68	4.45	1.65	2.47
1959	3.54	3.60	1.08	1.90	5.70	11.25	4.74	2.66	1.82
1960	3.64	3.13	.93	2.63	6.49	11.54	4.28	2.93	1.29
1961	3.93	3.18	1.42	2.16	4.90	12.04	3.57	2.37	1.73
1962	3.94	3.03	1.83	2.17	6.46	8.92	3.12	4.08	2.51

1/ No separate appropriation for General Medical Sciences. Funded from General Research and Services appropriation.

Source: Statistics and Analysis Branch, Division of Research Grants, NIH.

PART IV

NIH APPROPRIATIONS

TOTAL NIH APPROPRIATIONS AND AMOUNTS APPROPRIATED

FOR GRANTS AND DIRECT OPERATIONS (FY 1938-1964)

Fiscal Year	Total Grants[1/]	Direct Operations	Total Appropriation
1938	$ 140,000	$ 324,000	$ 464,000
1939	171,000	293,000	464,000
1940	277,240	429,760	707,000
1941	236,650	474,350	711,000
1942	229,800	470,200	700,000
1943	180,800	1,097,470	1,278,270
1944	182,190	2,372,830	2,555,020
1945	170,606	2,664,394	2,835,000
1946	1,080,200	2,334,500	3,414,700
1947	3,964,248	4,111,200	8,075,448
1948	10,445,000	18,431,000	28,876,000
1949	23,835,000	13,833,000	37,668,000
1950	36,753,631	18,338,369	55,092,000
1951	43,508,876	16,550,874	60,059,750
1952	40,545,000	17,130,291	57,675,291
1953	39,132,000	19,898,750	59,030,750
1954	48,612,000	22,541,000	71,153,000
1955	54,331,000	26,937,000	81,268,000
1956	63,265,000	35,193,000	98,458,000
1957	133,429,000	49,578,000	183,007,000
1958	147,376,000	63,807,000	211,183,000

(continued)

(continued)

Fiscal Year	Total Grants 1/	Direct Operations	Total Appropriation
1959	$ 212,539,000	$ 81,844,000	$ 294,383,000
1960	304,430,000	95,570,000	400,000,000
1961	453,278,000	106,722,000	560,000,000
1962	599,998,000	138,337,000	738,335,000
1963	714,782,000	166,018,000	880,800,000
1964	758,569,000	159,885,000	918,454,000

1/ Includes grants for research, fellowships, training, state control programs, community demonstration projects, etc.

Source: Financial Management Branch, Office of the Director, NIH.

TOTAL INSTITUTE APPROPRIATIONS SINCE FY 1938

(thousands of dollars)

Fiscal Year	GRS-NIH[1]	NCI	NIMH	NHI	NIDR	NIAMD	NIAID	NINDB	Total Appropriation
1938	$ 64	$ 400							$ 464
1939	64	400							464
1940	137	570							707
1941	141	570							711
1942	135	565							700
1943	743	535							1,278
1944	2,025	530							2,555
1945	2,274	561							2,835
1946	2,866	549							3,415
1947	6,255	1,821							8,075
1948	10,126	14,500	$ 4,250						28,876
1949	14,540	14,000	9,128						37,668
1950	12,075	18,900	11,612	$10,725	$ 1,780				55,092
1951	14,314	20,086	9,505	14,200	1,955				60,060
1952	15,757	19,657	10,562	10,083	1,618				57,675
1953	16,599	17,887	10,895	12,000	1,650				59,031
1954	4,675	20,237	12,095	15,168	1,740	$ 7,000	$ 5,738	$ 4,500	71,153
1955	4,675	21,737	14,148	16,668	1,990	8,270	6,180	7,601	81,268
1956	5,929	24,978	18,001	18,898	2,176	10,840	7,775	9,861	98,458
1957	12,122	48,432	35,197	33,396	6,026	15,885	13,299	18,650	183,007
1958	14,026	56,402	39,217	35,936	6,430	20,385	17,400	21,387	211,183
1959	28,974	75,268	52,419	45,613	7,420	31,215	24,071	29,403	294,383
1960	45,994	91,257	68,090	62,237	10,019	46,862	34,054	41,487	400,000
1961	83,900	111,000	100,900	86,900	15,500	61,200	44,000	56,600	560,000
1962	127,637	142,836	108,876	132,912	17,340	81,831	56,091	70,812	738,335
1963	159,826	155,742	143,599	147,398	21,199	103,388	66,142	83,506	880,800
1964	154,223	143,194	176,374	127,423	19,166	107,699	67,117	84,471	918,454
	DBS	NICHD[2]							
	$ 4,787	$34,000							

1/ General Research and Services appropriation.

2/ Derived by transfers from other NIH appropriations authorized by Congress.

Source: Financial Management Branch, Office of the Director, NIH.

U. S. MEDICAL RESEARCH AND DEVELOPMENT EXPENDITURES AS A PROPORTION OF TOTAL U. S. RESEARCH AND DEVELOPMENT (FY 1950-1963)

Fiscal Year	Total U. S. Research & Development	U. S. Medical Research & Development 1/	Medical Research and Development as a percent of Total R & D
	(millions of dollars)		(percent)
1950	$ 2,900	$ 161	5.6
1951	3,400	175	5.1
1952	3,800	197	5.2
1953	5,150	214	4.2
1954	5,620	237	4.2
1955	6,390	261	4.1
1956	8,670	312	3.6
1957	10,100	440	4.4
1958	11,130	543	4.9
1959	12,680	648	5.1
1960	13,890	845	6.1
1961	14,740	1,045	7.1
1962	16,000	1,290	8.1
1963 est.	18,500	1,470	7.9

1/ Includes research training and construction.

Sources: Total R & D expenditures (1950-1952) -- Department of Defense; 1953-1962 -- National Science Foundation; 1963 -- Resources Analysis Branch, OPP, National Institutes of Health. Medical R & D expenditures -- National Institutes of Health.

FEDERAL MEDICAL RESEARCH EXPENDITURES

AS A PROPORTION OF TOTAL U. S. MEDICAL RESEARCH EXPENDITURES

(FY 1947-1964)[1/]

Fiscal Year	Total U. S. Medical Research	Total Federal Medical Research	Total Non-Federal Medical Research	Federal as a Percent of Total U. S. Medical Research
	(millions of dollars)			(percent)
1947	$ 87	$ 27	$ 60	31.0
1948	124	50	74	40.3
1949	147	65	82	44.2
1950	161	73	88	45.3
1951	175	85	90	48.6
1952	197	103	94	52.2
1953	214	107	107	50.0
1954	237	119	118	50.2
1955	261	139	122	53.3
1956	312	162	150	51.9
1957	440	229	211	52.0
1958	543	279	264	51.4
1959	648	351	297	54.2
1960	845	448	397	53.0
1961	1,045	574	471	54.9
1962	1,290	782	508	60.6
1963	1,470	924	546	62.9
1964	1,675	1,084	591	64.7

1/ Excludes expenditures for activities such as training or capital outlays for research facilities.

Source: Resources Analysis Branch, OPP, National Institutes of Health.

FEDERAL MEDICAL RESEARCH AND DEVELOPMENT EXPENDITURES AS A PROPORTION OF TOTAL FEDERAL RESEARCH AND DEVELOPMENT EXPENDITURES

(FY 1947-1963)

Fiscal Year	Total Federal R & D (Including National Defense and Space Exploration)	Total Federal Medical R & D 1/	Medical R & D as a percent of Total Federal R & D
	(millions of dollars)		(percent)
1947	$ 690.9	$ 27.1	3.9
1948	867.6	56.1	6.5
1949	1,105.1	83.5	7.6
1950	1,175.3	108.7	9.2
1951	1,811.9	105.1	5.8
1952	2,194.4	126.0	5.7
1953	3,361.4	120.5	3.6
1954	3,038.8	131.1	4.3
1955	2,746.9	143.4	5.2
1956	3,268.8	171.4	5.2
1957	4,381.3	266.7	6.1
1958	4,908.3	317.5	6.5
1959	7,120.7	407.3	5.7
1960	8,078.0	496.3	6.1
1961	9,606.3	627.7	6.5
1962	11,238.5	838.2	7.5
1963	14,612.9	1,005.8	6.9

1/ Includes expenditures for research facilities.

Source: National Science Foundation and Resources Analysis Branch, OPP, National Institutes of Health.

NIH EXPENDITURES FOR MEDICAL RESEARCH AS A PROPORTION OF TOTAL FEDERAL EXPENDITURES FOR MEDICAL RESEARCH[1/]

(FY 1947-1963)

Fiscal Year	Total Federal Medical Research Expenditures	Total NIH Medical Research Expenditures	NIH Expenditures as a Percent of Federal Expenditures
	(thousands of dollars)		(percent)
1947	$ 26,990	$ 8,337	30.9
1948	49,681	16,958	34.1
1949	65,120	24,512	37.6
1950	72,874	27,694	38.0
1951	84,616	30,838	36.4
1952	103,390	34,814	33.7
1953	107,339	37,544	35.0
1954	118,982	49,404	41.5
1955	138,887	60,058	43.2
1956	162,018	72,760	44.9
1957	228,900	125,374	54.8
1958	279,151	160,247	57.4
1959	351,206	211,558	60.2
1960	448,169	280,628	62.6
1961	573,881	375,421	65.4
1962	782,092	495,391	63.3
1963	923,646	569,805	61.7

1/ Excludes expenditures for activities such as training or capital outlays for research facilities.

Source: Resources Analysis Branch, OPP, National Institutes of Health.

APPROPRIATIONS FOR CONSTRUCTION OF HEALTH RESEARCH FACILITIES

(FY 1957-1964)

Fiscal Year	Appropriation
1957 Supp.	$30,000,000
1958	30,000,000
1959	30,000,000
1960	30,000,000
1961	30,000,000
1962	30,000,000
1963	50,000,000
1964	50,000,000

Source: Financial Management Branch, Office of the Director, NIH.

PART V

THE NIH STAFF

NUMBER AND TYPES OF PERSONNEL AT THE HYGIENIC LABORATORY

(1909 - 1929)

Year	Commissioned	Professors	Other Scientific & Technicians	Non scientific	Total
1909	9	3	13	28	53
1910	11	2	12	28	53
1911	13	3	12	27	55
1912	12	3	12	29	56
1913	17	3	11	32	63
1914	22	3	11	35	71
1915	14	3	13	34	64
1916	13	3	22	31	69
1917	16	3	23	36	78
1918	13	3	39	37	92
1919	13	3	38	42	96
1920	13	3	37	50	103
1921	10	3	39	75	127
1922	17	3	45	65	130
1923	10	3	52	56	121
1924	11	3	51	48	113
1925	14	3	49	50	116
1926	13	3	47	51	114
1927	15	3	43	53	114
1928	13	3	45	57	118
1929	12	3	51	62	128

Source: Victor H. Kramer, The National Institute of Health: A Study In Public Administration (New Haven, Conn.: Quinnipiack Press, Inc., 1937), p. 82.

TOTAL NIH EMPLOYMENT

(1930 - 1963)

Year	Number of Employees
1930	140
1931	150
1932	165
1933	139
1934	160
1935	159
1936	183
1937	695
1938	912
1939	1,048
1940	1,137
1941	1,367
1942	1,456
1943	1,352
1944	1,144
1945	1,090
1946	1,436
1947	1,505
1948	2,245
1949	2,937
1950	2,888
1951	3,012
1952	3,277

Year	Number of Employees
1953	3,888
1954	4,621
1955	5,412
1956	6,334
1957	7,215
1958	7,676
1959	8,484
1960	9,109
1961	10,175
1962	11,037
1963	11,511

Source: Personnel Management Branch, Office of the Director, NIH.

TOTAL NIH STAFF BY OCCUPATIONAL GROUPS[1/]

(1958 - 1963)

	1958	1959	1960	1961	1962	1963
Professional & Scientific	2,367	2,495	2,744	2,951	3,236	3,487
Sub-professional & Technical Support	1,426	1,460	1,587	1,709	1,814	1,796
Administrative, Clerical & Office Services	1,918	2,182	2,477	2,926	3,338	3,727
Plant Operation & Maintenance	1,263	1,317	1,255	1,383	1,487	1,518

1/ Includes employees in the metropolitan and field areas and visiting scientists.

Source: Personnel Management Branch, Office of the Director, NIH.

TOTAL NIH STAFF BY PAY SYSTEM

(1948 - 1963)

Year	Commissioned Corps	Civil Service	Other	Total
1948	189	1,633	423[1/]	2,245
1949	251	2,061	625[1/]	2,937
1950	279	2,038	571[1/]	2,888
1951	352	2,150	510[1/]	3,012
1952	401	2,313	563[1/]	3,277
1953	473	3,110	305[1/]	3,888
1954	515	3,811	295[1/]	4,621
1955	595	4,422	395[1/]	5,412
1956	664	5,189	481[1/]	6,334
1957	761	5,806	648[1/]	7,215
1958	777	6,197[2/]	171[3/]	7,145
1959	803	6,676[2/]	1,005[3/]	8,484
1960	875	7,166[2/]	1,068[3/]	9,109
1961	943	8,026[2/]	1,206[3/]	10,175
1962	1,049	8,964[2/]	1,024[3/]	11,037
1963	1,153	9,341[2/]	1,017[3/]	11,511

1/ Includes consultants, members, cooperative employees, and a few miscellaneous employees.

2/ Includes visiting scientists.

3/ Includes part-time and intermittent employees, and excludes consultants.

Source: Personnel Management Branch, Office of the Director, NIH.

TOTAL FULL TIME NIH CIVIL SERVICE EMPLOYEES

BY GS, 208g, AND WAGE BOARD (1948 - 1963)

Year	GS	208g	Wage Board
1948	1,397	-	-
1949	1,760	-	-
1950	1,603	1 1/	7
1951	1,712	4 1/	8
1952	1,848	7 1/	9
1953	2,248	8 1/	9
1954	2,735	13 1/	9
1955	3,513	19 1/	890
1956	4,164	30	995
1957	4,682	44	1,080
1958	4,989	45	1,147
1959	5,324	53	1,184
1960	5,570	58	1,445
1961	6,226	82	1,597
1962	6,976	90	1,736
1963	7,294	96	1,780

1/ P.L. 692 employees.

Source: Personnel Management Branch, Office of the Director, NIH.

TOTAL NIH PROFESSIONAL STAFF

BY TYPE OF DOCTORAL DEGREE

(1958 - 1963)

Year	M. D.	Ph. D.	Other[1/]	Total
1958	529	431	70	1,030
1959	563	527	62	1,152
1960	594	565	61	1,220
1961	667	614	68	1,349
1962	776	604	78	1,458
1963	890	710	111	1,711

1/ Includes D. D. S., D. V. M., etc.

Source: Personnel Management Branch, Office of the Director, NIH

NIH EMPLOYEES BY INSTITUTE

(1951-1963)

Institute	1951	1952	1953	1954	1955	1956
OD	685	736	991	1,406	1,532	669[2]
NCI	595	622	601	649	741	929
NHI	251	269	327	373	388	422
NIAID	495[1]	507[1]	437[1]	508[1]	444[1]	486
NIAMD	304	323	327	353	378	408
NICHD	-	-	-	-	-	-
NIDR	75	76	77	93	104	122
NIMH	305	341	319	347	424	515
NINDB	17	35	81	145	196	276
CC	-	50	627	645	946	1,407
DBS	-	-	-	-	121	167
DGMS	-	-	-	-	-	-
DRFR	-	-	-	-	-	-
DRG	285	318	101	102	138	204
DRS	-	-	-	-	-	729
TOTAL	3,012	3,277	3,888	4,621	5,412	6,334

(continued)

(continued)

Institute	1957	1958	1959	1960	1961	1962	1963
OD	696[2]	779[2]	808	908	1,083[3]	1,335[3]	1,421
NCI	1,118	1,038	1,214	1,201	1,295	1,323	1,331
NHI	476	473	574	641	666	705	745
NIAID	517	511	578	600	656	706	718
NIAMD	475	432	585	624	654	668	688
NICHD	-	-	-	-	-	-	99
NIDR	148	122	169	180	258	286	289
NIMH	648	621	874	918	1,098	1,214	1,307
NINDB	336	296	507	576	731	746	747
CC	1,563	1,597	1,660	1,686	1,684	1,778	1,858
DBS	195	176	209	227	244	232	248
DGMS	-	40	80	133	151	158	140[4]
DRFR	-	-	-	-	-	75	112
DRG	263	251	360	460	556	569	544
DRS	780	809	866	955	1,099	1,242	1,264
TOTAL	7,215	7,145	8,484	9,109	10,175	11,037	11,511

1/ National Microbiological Institute.

2/ Includes Division of Business Operations.

3/ Includes Office of Administrative Management.

4/ National Institute of General Medical Sciences.

Source: Personnel Management Section, Office of the Director, NIH.

PART VI

NIH REAL PROPERTY AND FACILITIES

BUILDING 1

History: Building 1 was constructed to serve as the Administration Building for NIH. Original construction plans (later changed) provided for space for various shops, a central stores operation, and a boiler plant.

Initiating Legislation:	June 22, 1936
Construction Begun:	January, 1938
Cornerstone Laid:	June 30, 1938
Construction Completed:	December, 1938
Occupancy by NIH:	December 1, 1938

Cost of Original Construction:	$ 680,746
Total Cost of Building (cost of original construction plus changes and improvements)	$ 733,610

Gross Area (square feet):	95,950
Space Allocations (sq. ft.):	
Laboratory:	370
Office:	31,830
Animals:	--
Special Equipment:	2,345
Miscellaneous:	41,111
Total:	75,656

Present Use: Administration

BUILDING 2

History: Building 2 was constructed as a laboratory research building. It was originally called the Industrial Hygiene Laboratory Building.

Initiating Legislation:	June 22, 1936
Construction Begun:	January, 1938
Cornerstone Laid:	--
Construction Completed:	December, 1938
Occupancy by NIH:	December, 1938

Cost of Original Construction	$ 327,966
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 500,607

Gross Area (sq. ft.):	46,860
Space Allocations (sq. ft.):	
Laboratory:	17,127
Office:	3,333
Animal:	1,995
Special Equipment:	3,219
Miscellaneous:	12,250
Total:	37,924

Present Use: Research by NIAMD

BUILDING T-2

History: Building T-2 was constructed by NIH personnel as chemical storage space.

Initiating Legislation:	--
Construction Begun:	--
Cornerstone Laid:	--
Construction Completed:	1951
Occupancy by NIH:	--

Cost of Original Construction	$ 2,000
Total Cost of Building (cost of original construction plus cost of changes and improvements)	2,000

Gross Area (sq. ft.):	495
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	--
Animal:	--
Special Equipment:	--
Miscellaneous:	--
Total:	--

Present Use: Storage

BUILDING 3

History: Building 3 was constructed to provide space for offices, laboratory research, and animal breeding. It was originally called the Public Health Methods and Animal Unit Building.

Initiating Legislation:	June 22, 1936
Construction Begun:	January, 1938
Cornerstone Laid:	--
Construction Completed:	December, 1938
Occupancy by NIH:	December, 1938

Cost of Original Construction:	$ 327,996
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 582,541

Gross Area (sq. ft.):	46,860
Space Allocations (sq. ft.:	
Laboratory:	12,729
Office:	1,509
Animal:	4,491
Special Equipment:	3,083
Miscellaneous:	16,745
Total:	38,557

Present Use: Research by NHI and NIAMD

BUILDING 4

History: Building 4 was constructed for laboratory research for NIAMD.

Initiating Legislation:	June 21, 1936
Construction Begun:	December, 1938
Cornerstone Laid:	--
Construction Completed:	May, 1941
Occupancy by NIH:	May, 1941

Cost of Original Construction:	$ 554,573
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 788,263

Gross Area (sq. ft.):	67,500
Space Allocations (sq. ft.):	
Laboratory:	21,033
Office:	3,156
Animal:	6,404
Special Equipment:	2,204
Miscellaneous:	23,809
Total:	56,606

Present Use: Research by NIAMD

BUILDING T-4

History: Building T-4 was constructed as a research center for the treatment of mentally disturbed children.

Initiating Legislation:	--
Construction Begun:	July, 1956
Cornerstone Laid:	--
Construction Completed:	May, 1957
Occupancy by NIH:	June, 1957

Cost of Original Construction:	$ 108,392
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 129,453

Gross Area (sq. ft.):	6,319
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	2,496
Animal:	--
Special Equipment:	1,365
Miscellaneous:	1,546
Total:	5,407

Present Use: Research by Child Research Branch, NIMH.

BUILDING 5

History: Building 5 was constructed for laboratory research by NIAID.

Initiating Legislation:	June 21, 1938
Construction Begun:	December, 1938
Cornerstone Laid:	--
Construction Completed:	May, 1941
Occupancy by NIH:	May, 1941

Cost of Original Construction:	$ 554,573
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 769,471

Gross Area (sq. ft.):	67,500
Space Allocations (sq. ft.):	
Laboratory:	17,731
Office:	4,300
Animal:	8,865
Special Equipment:	1,400
Miscellaneous:	24,166
Total:	56,462

Present Use: Research by NIAID

BUILDING 6

History: Building 6 was constructed as a research laboratory for NCI.

Initiating Legislation:	August 5, 1937
Construction Begun:	August, 1938
Cornerstone Laid:	June 24, 1939
Construction Completed:	October, 1939
Occupancy by NIH:	October, 1939

Cost of Original Construction:	$ 659,761
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 905,415

Gross Area (sq. ft.):	67,500
Space Allocations (sq. ft.):	
Laboratory:	18,250
Office:	2,459
Animal:	10,100
Special Equipment:	2,102
Miscellaneous:	22,935
Total:	55,846

Present Use: Cancer research.

BUILDING 7

History: Formerly called Memorial Laboratory, Building 7 was constructed as a research laboratory for the NIAID. The building has many special features (such as electrically heated grids for sterilizing air) that permit study of extremely infectious diseases.

Initiating Legislation:	August 25, 1937
Construction Begun:	July, 1945
Cornerstone Laid:	--
Construction Completed:	May, 1946
Occupancy by NIH:	March, 1947
Cost of Original Construction:	$1,192,634
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$1,232,105
Gross Area (sq. ft.):	48,460
Space Allocations (sq. ft.):	
Laboratory:	11,025
Office:	4,557
Animal:	2,550
Special Equipment:	360
Miscellaneous:	23,437
Total:	41,929

Present Use: Infectious disease research and research by NINDB.

BUILDING T-7

History: Building T-7 was built by the Department of Navy and Public Health Service for simulated altitude testing during World War II. In its refrigerated "high altitude chamber," personnel and altitude equipment were tested until about 1954.

Initiating Legislation:	--
Construction Begun:	January, 1942
Cornerstone Laid:	--
Construction Completed:	May, 1943
Occupancy by NIH:	1943

Cost of Original Construction:	$ 49,200
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 49,200

Gross Area (sq. ft.):	1,800
Space Allocations (sq. ft.):	
Special Equipment:	1,723
Total:	1,723

Present Use: NIAMD presently conducts physiological studies of high altitude stress on animals in the chamber which is no longer refrigerated.

BUILDING 8

History: Building 8 was constructed as an office building.

Initiating Legislation:	--
Construction Begun:	April, 1945
Cornerstone Laid:	--
Construction Completed:	December, 1946
Occupancy by NIH:	December, 1946

Cost of Original Construction:	$ 199,614
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 613,747

Gross Area (sq. ft.):	35,200
Space Allocations (sq. ft.):	
Laboratory:	10,450
Office:	1,898
Animal:	3,855
Special Equipment:	1,101
Miscellaneous:	14,943
Total:	32,247

Present Use: Research by Laboratory Aids Branch, NCI, NIAID, NINDB.

BUILDING 9

History: Building 9 was constructed to house facilities for breeding smaller animals for research.

Initiating Legislation:	--
Construction Begun:	September, 1942
Cornerstone Laid:	--
Construction Completed:	February, 1943
Occupancy by NIH:	January, 1943

Cost of Original Construction:	$ 197,451
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 793,934

Gross Area (sq. ft.):	32,500
Space Allocations (sq. ft.):	
Laboratory:	8,172
Office:	2,209
Animal:	5,270
Special Equipment:	2,167
Miscellaneous:	11,810
Total:	29,628

Present Use: Research by NIMH and NINDB.

BUILDING 10

History: Building 10 was constructed as a research hospital in which laboratory research and clinical investigations with associated patient care take place.

Initiating Legislation:	June 14, 1948
Construction Begun:	November, 1948
Cornerstone Laid:	June 22, 1951
Construction Completed:	August 26, 1955
Occupancy by NIH:	November, 1952 (staff)

Cost of Original Construction:	$30,418,308
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$31,197,195

Gross Area (sq. ft.):	1,246,860
Space Allocations (sq. ft.):*	
Laboratory:	157,186
Office:	118,578
Animal:	19,960
Special Equipment:	128,092
Miscellaneous:	663,119
Total:	1,086,935

Present Use: Research hospital.

* Includes surgical wing (10 A)

BUILDING 10 A

History: Building 10 A, the "Surgical Wing," was constructed to house research facilities for cardiac and neuro-surgery, associated research laboratories, and the NIH Blood Bank.

Initiating Legislation:	1957 appropriation act
Construction Begun:	August, 1959
Cornerstone Laid:	---
Construction Completed:	January 25, 1963
Occupancy by NIH:	January 25, 1963

Cost of Original Construction:	$ 1,551,462
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 1,822,695

Gross Area (sq. ft.):	44,704
Space Allocations (sq. ft.):	*Included under Building 10 space allocations.

Present Use: Stated above.

BUILDING 11 & 11A-C

History: Buildings 11 and 11A were constructed for central utility production, including steam, compressed air, chilled water for air conditioning systems, and emergency electric power. The buildings also house the incineration plant and the GI can-washing facilities.

Initiating Legislation:	June, 1948 & June, 1949 (11-11A)
Construction Begun:	January, 1951
Cornerstone Laid:	--
Construction Completed	11: March, 1954 11A: June, 1955 11B: 1959 11C: 1961
Occupancy by NIH:	11: November, 1952 11A: May, 1953 11B: 1959 11C: 1961
Cost of Original Construction:	$ 6,240,244
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 6,302,157
Gross Area (sq. ft.):	115,454
Space Allocations (sq. ft.):	
Laboratory:	330
Office:	320
Animal:	--
Special Equipment:	--
Miscellaneous:	79,148
Total:	79,798

Present Use: Central utility production: boiler plant (11), incinerator (11A), additional compressors (11B-C).

BUILDING 12

History: Building 12 was constructed to provide maintenance, overhaul, and storage facilities for NIH vehicles, and to provide general storage space.

Initiating Legislation:	June, 1948-June, 1949
Construction Begun:	May, 1949
Cornerstone Laid:	--
Construction Completed:	October, 1950
Occupancy by NIH:	September, 1950

Cost of Original Construction:	$ 897,842
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$1,168,231

Gross Area (sq. ft.):	52,140
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	8,706
Animal:	9,551
Special Equipment:	7,927
Miscellaneous:	23,538
Total:	49,722

Present Use: Serves as a garage and fire department. Houses statistical processing facilities and animals for biologics control program. Stores surplus property.

BUILDING 13

History: Building 13 was constructed to house facilities for general maintenance and repair work, scientific apparatus construction, stores and stock (including refrigerated food storage) and laundry and dry cleaning facilities.

Initiating Legislation:	June, 1948 & June, 1949
Construction Begun:	December, 1950
Cornerstone Laid:	--
Construction completed:	August, 1952
Occupancy by NIH:	August, 1952

Cost of Original Construction:	$3,324,231
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$3,953,582

Gross Area (sq. ft.):	212,690
Space Allocations (sq. ft.):	
Laboratory:	456
Office:	36,686
Animal:	--
Special Equipment:	735
Miscellaneous:	168,303
Total:	206,180

Present Use: General maintenance and repair work (shops), laundry and dry cleaning, storage, purchasing section, property utilization, and research facilities planning branch.

BUILDING 14A - D

History: Buildings 14A through D were constructed for housing and breeding small animals, storage of animal food and bedding, cage washing and sterilization.

Initiating Legislation:	June 29, 1949
Construction Begun:	September, 1951
Cornerstone Laid:	--
Construction Completed:	November, 1953
Occupancy by NIH:	February, 1954

Cost of Original Construction:	$3,492,122
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$3,643,901

Gross Area (sq. ft.) (Buildings 14 A-G):	233,006
Space Allocations (sq. ft.) (Buildings 14 A-G):	
Laboratory:	275
Office:	2,697
Animal:	113,053
Special Equipment:	280
Miscellaneous:	103,487
Total:	219,792

Present Use: Stated above.

BUILDING 14E

History: Building 14E was constructed to house monkeys for polio research.

Initiating Legislation:	June, 29, 1949
Construction Begun:	September, 1955
Cornerstone Laid:	--
Construction Completed:	January, 1956
Occupancy by NIH:	February, 1956

Cost of Original Construction:	$ 446,900
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 446,900

Gross Area: (see Building 14 A-D)

Space Allocations: (see Building 14 A-D)

Present Use: Stated above.

BUILDING 14F

History: Building 14F was constructed for animal housing and breeding. From 1957 to 1963 it was used for temporary office space and was called Building T-18.

Initiating Legislation:	July, 1956
Construction Begun:	December, 1956
Cornerstone Laid:	--
Construction Completed:	September, 1957
Occupancy by NIH:	September, 1957

Cost of Original Construction:	$ 549,517
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 586,375

Gross Area (sq. ft.): See Building 14 A-D

Space Allocations: See Building 14 A-D

Present Use: Stated above.

BUILDING 14G

History: Building 14G was constructed for animal housing & breeding. From 1957 to 1963 it was used for temporary office space and was called Building T-19.

Initiating Legislation:	July, 1956
Construction Begun:	December, 1956
Cornerstone Laid:	--
Construction Completed:	September, 1957
Occupancy by NIH:	September, 1957

Cost of Original Construction:	$ 549,517
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 556,591

Gross Area: See Building 14 A-D

Space Allocations: See Building 14 A-D

Present Use: Animal housing and breeding.

BUILDING 15A

History: Building 15 A was formerly the private residence of Helen Woodward Wilson. She donated it to NIH on September 30, 1938 along with a 14.4-acre tract of land.

Initiating Legislation:	--	
Construction Begun:	--	
Cornerstone Laid:	--	
Construction Completed:	--	
Occupancy by NIH:	--	
Cost of Original Construction:	$	9,000 estim.
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$	9,400
Gross Area (sq. ft.):		3,010

Present Use: Living quarters for the Chief, Plant Engineering Branch.

BUILDING 15 B-G

History: Buildings 15 B-G are duplex housing units constructed as officers' quarters.

Initiating Legislation:	June, 1938
Construction Begun:	December, 1938
Cornerstone Laid:	--
Construction Completed:	January, 1940
Occupancy by NIH:	January, 1940

Cost of Original Construction:	$ 38,600 each (or $231,600 total)
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 40,064 each (or $260,772 total)

Gross Area (sq. ft.): 8,065 each building (containing two housing units), or 48,390 total

Present Use: Officers' quarters.

BUILDING 15 H & I

History: Building 15 H & I are single housing units constructed as officers' quarters.

Initiating Legislation:	June, 1938
Construction Begun:	December, 1938
Cornerstone Laid:	--
Construction Completed:	January, 1940
Occupancy by NIH:	January, 1940

Cost of Original Construction:	$ 38,600 each $ 77,200 total
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 93,141

Gross Area (sq. ft.): 6,010 each, or 12,020 total

Present Use: Officers' quarters.

BUILDING 15K

History: Building 15K was formerly the residence of Helen Woodward and Luke I. Wilson. It was donated to NIH on March 17, 1942 along with a 10.87-acre tract of land.

Initiating Legislation:	--
Construction Begun:	--
Cornerstone Laid:	--
Construction Completed:	--
Occupancy by NIH:	--
Cost of Original Construction:	$ 62,500 est.
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 64,548
Gross Area (sq. ft.):	11,670
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	3,941
Animal:	--
Special Equipment:	--
Miscellaneous:	3,105
Total:	7,046

Present Use: Office space for the U. S. Board of Civil Service Examiners.

BUILDING 16

History: Building 16 was formerly the residence of G. Freeland Peter and Lulie Whitlock Peter. It was acquired in the purchase of the Peter's estate (47.9 acres) for $505,000 on February 14, 1949.

Initiating Legislation:	--
Construction Begun:	--
Cornerstone Laid:	--
Construction Completed:	--
Occupancy by NIH:	December 20, 1950

Cost of Original Construction:	$ 133,500 est.
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 188,202

Gross Area (sq. ft.):	17,480
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	7,942
Animal:	--
Special Equipment:	258
Miscellaneous:	5,124
Total:	13,324

Present Use: Office space.

BUILDING 16A

History: Building 16A was formerly the residence of the caretaker for the Peter Estate. It was acquired in the purchase of the Peter's Estate on February 14, 1949.

Initiating Legislation:	--
Construction Begun:	--
Cornerstone Laid:	--
Construction Completed:	--
Occupancy by NIH:	December 20, 1950
Cost of Original Construction:	$ 16,000 est.
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 16,000
Gross Area (sq. ft.):	2,880
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	1,473
Animal:	--
Special Equipment:	--
Miscellaneous	1,799
Total:	3,272

Present Use: Office space.

BUILDINGS 17 & 17A

History: Buildings 17 & 17A were constructed to house the 13.2 KV switchgear and associated equipment necessary for power services to the NIH reservation. The building was designed and constructed, and is owned by the Potomac Electric Power Company.

Initiating Legislation:	--
Construction Begun:	--
Cornerstone Laid:	--
Construction Completed:	--
Occupancy by NIH:	--

Cost of Original Construction:	--
Total Cost of Building (cost of original construction plus cost of changes and improvements)	--

Gross Area: (sq. ft.)	7,651
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	--
Animal:	--
Special Equipment	--
Miscellaneous:	7,222
Total:	7,222

Present Use: Electrical power vault.

BUILDING 20

History: Building 20 was constructed as an apartment building for occupancy by certain NIH personnel.

Initiating Legislation:	September, 1950
Construction Begun:	September, 1952
Cornerstone Laid:	--
Construction Completed:	November, 1953
Occupancy by NIH:	January, 1954

Cost of Original Construction:	$ 971,973
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 975,508

Gross Area (sq. ft.):	66,880
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	85
Animal:	--
Special Equipment:	--
Miscellaneous:	1,240
Total:	1,325

Present Use: apartment building.

BUILDING 21

History: Building 21, formerly called Building T-3 was constructed to provide a segregated working area for use of radioisotopes.

Initiating Legislation:	June, 1948
Construction Begun:	November, 1948
Cornerstone Laid:	--
Construction Completed:	December, 1949
Occupancy by NIH:	June, 1950

Cost of Original Construction:	$ 397,648
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 444,584

Gross Area (sq. ft.):	12,105
Space Allocations (sq. ft.):	
Laboratory:	2,794
Office:	994
Animal:	--
Special Equipment:	--
Miscellaneous:	5,986
Total:	9,774

Present Use: Segregated working area for use of radioisotopes, especially for the preparation of "tagged" compounds and their dilution to levels at which they can be safely handled in other laboratory areas.

BUILDING 22

History: Building 22 was constructed to house the grounds maintenance staff and equipment.

Initiating Legislation:	September, 1959 & August, 1951
Construction Begun:	December, 1951
Cornerstone Laid:	--
Construction Completed:	September, 1952
Occupancy by NIH:	October, 1952

Cost of Original Construction:	$ 178,524
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 178,524

Gross Area (sq. ft.):	15,810
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	733
Animal:	--
Special Equipment:	--
Miscellaneous:	14,246
Total:	14,979

Present Use: Space for grounds maintenance staff and equipment.

BUILDING 25

History: Building 25 was constructed as a chemical storage area.

Initiating Legislation:	June, 1949
Construction Begun:	--
Cornerstone Laid:	--
Construction Completed:	November, 1953
Occupancy by NIH:	--

Cost of Original Construction:	$ 95,842
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 95,842

Gross Area (sq. ft.):	4,445
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	76
Animal:	--
Special Equipment:	--
Miscellaneous:	5,130
Total:	5,206

Present Use: Chemical storage.

BUILDING 26

History: "Building" 26, which is actually a fenced-in area, was constructed in 1954 as a temporary chemical disposal plant. In August, 1958 a permanent facility was constructed on contract, and further improvements were made in August, 1960.

Initiating Legislation:	--
Construction Begun:	1954
Cornerstone Laid:	--
Construction Completed:	1954
Occupancy by NIH:	--

Cost of Original Construction	$ 5,725
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 37,327

Gross Area: No figures available.

Present Use: Chemical disposal.

BUILDING 27

History: Building 27 was constructed as a storage area for toxic and inflammable gases.

Initiating Legislation:	June, 1949
Construction Begun:	--
Cornerstone Laid:	--
Construction Completed:	November, 1953
Occupancy by NIH	--

Cost of Original Construction:	$ 2,200
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$ 2,200

Gross Area (sq. ft.):	210
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	--
Animal:	--
Special Equipment:	--
Miscellaneous:	205
Total:	205

Present Use: Storage of toxic and inflammable gases.

BUILDING 28 A-D

History: Building 28 was constructed to house the dog kennels and animal hospital.

Initiating Legislation:	June, 1949
Construction Begun:	September, 1951 (Wing B & Building 28) January, 1957 (Wings A, C & D)
Cornerstone Laid:	--
Construction Completed:	November, 1953 (Wing B & Building 28) January, 1958 (Wings A, C & D)
Occupancy by NIH:	February, 1954 (Wing B & Building 28) February, 1958 (Wings A, C & D)

Cost of Original Construction:	$ 687,869
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 699,386

Gross Area (sq. ft.):	26,589
Space Allocations (sq. ft.):	
Laboratory:	2,930
Office:	701
Animal:	9,352
Special Equipment:	511
Miscellaneous:	9,148
Total:	22,642

Present Use: stated above.

BUILDING 29

History: Building 29 was built to provide laboratory and office space for the Division of Biologics Standards.

Initiating Legislation:	1956
Construction Begun	May 26, 1958
Cornerstone Laid:	--
Construction Completed:	July 21, 1960
Occupancy by NIH:	August 29, 1960

Cost of Original Construction:	$3,257,738
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$3,257,738

Gross Area (sq. ft.):	87,898
Space Allocations (sq. ft.):	
Laboratory:	13,165
Office:	7,691
Animal:	7,006
Special Equipment:	1,860
Miscellaneous:	40,409
Total:	70,131

Present use: Stated above.

BUILDING 30

History: Building 30 was constructed to provide laboratory and office space for the National Institute of Dental Research.

Initiating Legislation:	July 31, 1956
Construction Begun:	March 24, 1959
Cornerstone Laid:	September 21, 1960
Construction Completed:	July 27, 1961
Occupancy by NIH:	May 18, 1961

Cost of Original Construction	$3,447,304
Total Cost of Building (cost of original construction plus cost of changes and improvements)	$3,447,304

Gross Area (sq. ft.):	92,601
Space Allocations (sq. ft.):	
Laboratory:	14,759
Office:	7,951
Animal:	4,604
Special Equipment:	3,583
Miscellaneous:	42,129
Total:	73,026

Present use: Stated above.

BUILDING 31

History: Building 31 was constructed to provide office space for most of the Institute Directors and their immediate staffs, supporting central services for this area, and additional conference space for study sections, councils, other consultant groups, and NIH staff. Building T-6 was razed in 1961 to make room for a parking lot for Building 31, and Building 15L was razed in 1962 to make room for Building 31.

Initiating Legislation:	July 31, 1956
Construction Begun:	October, 1959
Cornerstone Laid:	October 31, 1961
Construction Completed:	April, 1962
Occupancy by NIH:	October 20, 1961

Cost of Original Construction:	$8,139,974
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$8,139,974

Gross Area (sq. ft.):	349,922
Space Allocations (sq. ft.):	
Laboratory:	--
Office:	190,456
Animal:	--
Special Equipment:	7,212
Miscellaneous:	88,704
Total:	286,372

Present Use: Stated above.

BUILDING 32

History: Building 32 was constructed for use in NIMH investigations of biology and the biochemistry of medicinal plants.

Initiating Legislation:	--
Construction Begun:	July 28, 1958
Cornerstone Laid:	--
Construction Completed:	October 26, 1959
Occupancy by NIH:	February 9, 1959
Cost of Original Construction:	$ 120,721
Total Cost of Building (cost of original construction plus cost of changes and improvements):	$ 169,807
Gross Area (sq. ft.):	4,910
Space Allocations (sq. ft.):	
Laboratory:	3,900
Office:	--
Animal:	--
Special Equipment:	--
Miscellaneous:	--
Total:	3,900

Present use: stated above.

SUMMARY DATA ON NIH BUILDINGS

Building	Date of Completion	Cost of Original Construction	Total Cost[1]	Gross Floor Area (sq. ft.)
1	December, 1938	$ 680,746	$ 733,610	95,950
2	December, 1938	327,996	500,607	46,860
T-2	1951	2,000	2,000	495
3	December, 1938	327,996	582,541	46,860
4	May, 1941	554,573	788,263	67,500
T-4	May, 1957	108,392	129,453	6,319
5	May, 1941	554,573	769,471	67,500
6	October, 1939	659,761	905,415	67,500
7	May, 1946	1,192,634	1,232,105	48,460
T-7	May, 1943	49,200	49,200	1,800
8	December, 1946	199,614	613,747	35,200
9	February, 1943	197,451	793,936	32,500
10	August, 1955	30,418,308	31,197,195	1,246,860
10A	January, 1963	1,551,462	1,822,695	44,704
11	March, 1954	6,240,244[2]	6,302,157[2]	115,454[2]
12	October, 1950	897,842	1,168,231	52,140
13	August, 1952	3,324,231	3,953,582	212,690
14 A-D	November, 1953	3,492,122	3,643,901	233,006[3]
14E	January, 1956	446,900	446,900	(see 14 A-D)
14F	September, 1957	549,517	586,375	(see 14 A-D)
14G	September, 1957	549,517	556,591	(see 14 A-D)

(continued)

(cont.) SUMMARY DATA ON NIH BUILDINGS

Building	Date of Completion	Cost of Original Construction	Total Cost 1/	Gross Floor Area (sq. ft.)
15A	--	$ 9,000 est.	$ 9,400	3,010
15 B-G	January, 1940	231,600	260,772	48,390
15 H-I	January, 1940	77,200	93,141	12,020
15 K	--	62,500 est.	64,548	11,670
15 L	--	3,335 est.	destroyed	1,730
16	--	133,500 est.	188,202	17,480
16A	--	16,000 est.	16,000	2,880
17	--	Owned by PEPCO		7,651
20	November, 1953	971,973	975,508	66,880
21	December, 1949	397,648	444,589	12,105
22	September, 1952	178,524	178,524	15,810
25	November, 1953	95,842	95,842	4,445
27	November, 1953	2,200	2,200	210
28	November, 1953	687,869	699,386	26,589
29	July, 1960	3,257,738	3,257,738	87,898
30	July, 1961	3,447,304	3,447,304	92,601
31	April, 1962	8,139,974	8,139,974	349,922
32	October, 1959	120,721	169,807	4,910
Totals	---	$70,157,947	$74,820,903	3,187,999 sq.ft.

1/ Includes cost of original construction plus cost of changes and improvements.

2/ Includes Buildings 11, 11A, 11B, and 11C.

3/ Includes Buildings 14 A-G.

NIH LAND

Method of Acquisition	Dates Acquired	Area	Present Cost 1/
Donation	1935-1942	92.5 acres	$ 374,000
Purchase	1949	213.9 acres	1,364,000
TOTAL LAND	--	306.4 acres	$ 1,738,000

1/ Land values reflect improvements in land as of June 30, 1963.

ACQUISITION OF NIH LAND

Method and Source of Acquisition	Date Acquired	No. of Acres	Original Est. Value or Actual Cost	Buildings Now Located on Parcel
Donated by Helen Woodward Wilson & Luke I. Wilson. Consideration $10.	Deed dated 8-10-35 and recorded 9-11-35.	44.956	$ 74,932[1/]	1, 2, 3, 4, 5, 7, 8, 9, 10 (part), 17, 21, T-2, T-7.
Donated by Helen Woodward Wilson. Consideration $10.	Deed dated 5-28-38 and recorded 6-20-38	10.65	$ 17,670[1/]	6, 15D, 15E, 15G.
Donated by Helen Woodward Wilson. Consideration $1.	Deed dated 9-30-38 and recorded 10-1-38	14.437	$ 24,055[1/]	15A, 15B, 15C, 15F, 15H, 15I.
Donated by Helen Woodward Wilson. Consideration $1.	Deed dated 9-27-40 and recorded 9-27-40	11.583	$ 19,304[1/]	31
Donated by Helen Woodward Wilson. Consideration $5.	Deed dated 3-17-42 and recorded 3-28-42.	10.87	$ 18,120[1/]	15K
Purchased from Sisters of Visitation	Condemnation judgment issued on declaration of taking 9-23-48. Receipt of final payment acknowledged 6-28-49	50.1661	$173,058	10 (part), 10A, 20
Purchased from George F. Peter and Lulie W. Peter	Deed dated 2-14-49	47.9028	$505,000	11-11A (part), 11B-C, 12, 13 (part), 14B-D (part), 14F-G (part), 16, 16A, 17A, 22, 25, 26, 27.
Purchased from Town & Country Golf Club, Inc.	Deed dated 2-11-49 and recorded 2-14-49.	115.84	$600,000	11-11A (part), 13 (part), 14A, 14B-D (part), 14E, 14F-G (part), 28A-D, 29, 30, 32, 38, T-4.

1/ Estimated value obtained from Montgomery County assessment records.

ESTIMATED COST[1/] OF FACILITIES SERVING NIH BUILDINGS
(As of June 30, 1963)

Facility	Cost
Fences	$ 52,248
Water Distribution System including Fire Hydrants and Wells	121,948
Chilled Water Distribution System	257,311
Gas Distribution System	31,669
Compressed Air Distribution System	10,324
Electrical Distribution System	1,353,825
Steam Distribution System	217,161
Sanitary Sewer System	210,026
Storm Sewer System	442,878
Surfaced Areas:	
Roadways and Related Bridges	266,760
Sidewalks and Related Bridges	33,685
Parking Areas	459,873
TOTAL	$ 3,457,708

1/ The actual cost of facilities was used when available. However, in most cases the construction cost of a building or group of buildings included the facilities serving those buildings, in which case the cost was estimated at prices applicable at the time of construction, and the estimated cost of the facility was deducted from the cost of the building.

UTILITIES

(Annual Use in Fiscal Year 1963)

Utility	Cost
Heating (fuel oil)	$ 421,500
Water	207,691
Electricity	900,169
Gas (bunsen burners, etc.)	3,420
Telephone (including long distance and equipment charges)	1,218,500
TOTAL	$2,751,280

BUILDINGS RENTED BY NIH

(As of April 30, 1964)

Adelphi Plaza
2340 University Boulevard
Adelphi, Maryland

Annual payment	-	$60,204
Total leases area	-	13,840 sq. ft.
Use	-	Office space for Mental Health Study Center, NIMH.

Auburn Building
4915-21 Auburn Avenue
Bethesda, Maryland

Annual payment	-	$100,300
Total leased area	-	19,672 sq. ft.
Use	-	Laboratory space.

Blackwell Building
7758 Wisconsin Avenue
Bethesda, Maryland

Annual payment	-	$32,382
Total leased area	-	7,496 sq. ft.
Use	-	Office space.

National Bank Building
6917 Arlington Road
Bethesda, Maryland

Annual payment	-	$79,110
Total leased area	-	17,580 sq. ft.
Use	-	Office space.

Nave Building
7770 Woodmont Avenue
Bethesda, Maryland

Annual payment	-	$43,268
Total leased area	-	10,462 sq. ft.
Use	-	Office space.

P.J. Nee
960 Thompson Avenue
Rockville, Maryland

Annual payment	-	$40,015.50
Total leased area	-	27,750 sq. ft.
Use	-	Warehouse space.

North Bethesda Office Center #1
11420 Rockville Pike
Rockville, Maryland

Annual payment	-	$132,571
Total leased area	-	28,600 sq. ft.
Use	-	Office space.

North Bethesda Office Center #2
11424 Rockville Pike
Rockville, Maryland

Annual payment	-	$161,057
Total leased area	-	34,210 sq. ft.
Use	-	Office space.

Robin Building
7981 Eastern Avenue
Silver Spring, Maryland

Annual payment	-	$288,100
Total leased area	-	71,755 sq. ft.
Use	-	Office space.

Trunnell Building
4865 Cordell Avenue
Bethesda, Maryland

Annual payment	-	$25,764
Total leased area	-	5,720 sq. ft.
Use	-	Office space.

Westwood Building
5333 Westbard Avenue
Bethesda, Maryland

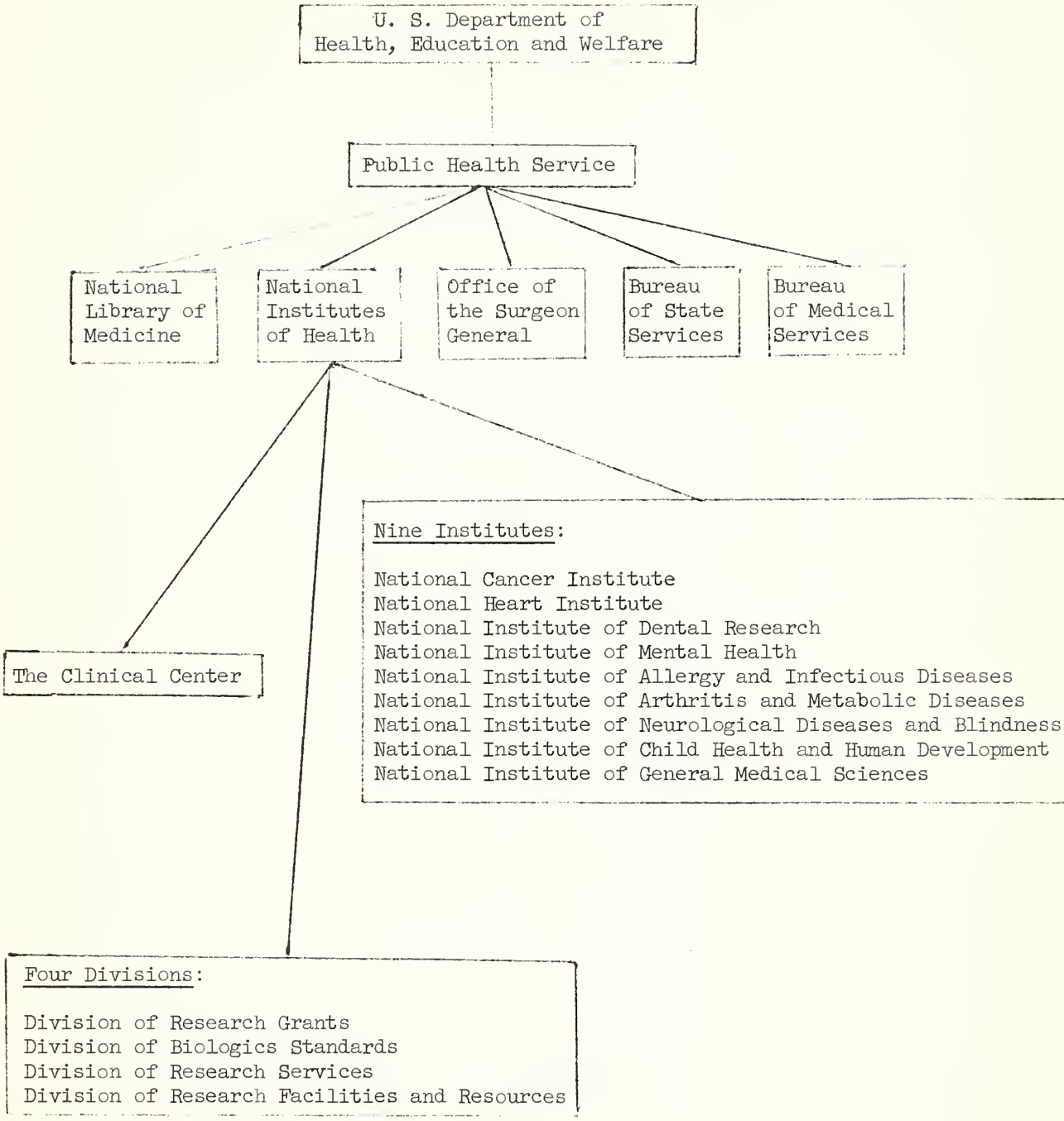
Annual payment	-	$740,954
Total leased area	-	170,326 sq. ft.
Use	-	Office space.

Total annual payment	-	$1,703,725.50
Total leased area for all buildings	-	407,411 sq. ft.

PART VII

MISCELLANEOUS

NIH ORGANIZATION CHART


U. S. Department of Health, Education and Welfare
Public Health Service
National Library of Medicine
National Institutes of Health
Office of the Surgeon General
Bureau of State Services
Bureau of Medical Services
The Clinical Center
Nine Institutes:
National Cancer Institute
National Heart Institute
National Institute of Dental Research
National Institute of Mental Health
National Institute of Allergy and Infectious Diseases
National Institute of Arthritis and Metabolic Diseases
National Institute of Neurological Diseases and Blindness
National Institute of Child Health and Human Development
National Institute of General Medical Sciences
Four Divisions:
Division of Research Grants
Division of Biologics Standards
Division of Research Services
Division of Research Facilities and Resources

NIH STUDY SECTIONS

Accident Prevention Research
Advisory Committee on Applied Physiology
Allergy and Immunology, A and B
Arthritis and Metabolic Diseases
  Program Project Committee
Bacteriology and Mycology
Behavioral Sciences
Biochemistry
Biophysics and Biophysical Chemistry
Cardiovascular
Cell Biology
Chemotherapy
Communicative Sciences
Computer Research
Dental
Endocrinology
Environmental Sciences and Engineering
Experimental Psychology
General Medicine
Genetics
Health Services Research
Hematology
History of the Life Sciences
Human Ecology
Human Embryology and Development
Medicinal Chemistry, A and B
Mental Health, A and B
Metabolism
Neurology, A and B
Nursing Research
Nutrition
Pathology, A and B
Pharmacology and Experimental Therapeutics
Physiological Chemistry
Physiology
Primate Research
Psychopharmacology
Radiation
Special Study Section
Surgery, A and B
Toxicology
Tropical Medicine and Parasitology
Virology and Rickettsiology
Visual Sciences

NIH INTERNATIONAL HEALTH OFFICES

European Office

Paris, France
Established December 18, 1961
(Science representative in
London, England)

Latin American Office

Rio de Janeiro, Brazil
Established July 1, 1962
(Science representative in
Rio de Janeiro, Brazil)

Pacific Office

Tokyo, Japan
Established January 1, 1963
(Science representative in
New Delhi, India)

NIH FIELD UNITS

Overseas Units

NIH-SEATO Cholera Research Laboratory
Dacca, East Pakistan

Established by NIH under an agreement with the International Cooperation Administration, this laboratory was dedicated December 5, 1960. It is the site of clinical investigations of the acute phase of cholera, of field studies of cholera, and of research designed to isolate the organism causing cholera. Laboratory personnel investigate outbreaks of cholera in Southeast Asia and cooperate with other nations participating in the SEATO Cholera Research Program.

NIH West Africa Research Laboratory
Accra, Ghana

Established in April, 1962, this laboratory resulted from a request from President Nkrumah of Ghana to President John F. Kennedy that the U.S. Government collaborate with the National Institute of Health and Medical Research of Ghana in developing a program of research on health problems of concern to both countries. The Ghanian Government agreed to provide laboratory space and clinical facilities and the U.S. provided staff, equipment and supplies. It is hoped that the Laboratory will provide information on etiological factors in malignant disease in Africa, since Ghana presents a cross-section of cancer problems in Africa south of the Sahara and has a high incidence of an unusual lymphoma. Ghana also offers many opportunities for study of other diseases rarely seen in unmodified form in the U.S.

Far East Research Project of the
Laboratory of Parasite Chemotherapy, NIAID
Kuala Lumpur, Malaya

Established in August 1960, this laboratory is the site of investigations of human and monkey malaria.

Middle America Research Unit of the
Laboratory of Tropical Virology, NIAID
Panama Canal Zone, Panama

Established in 1957, this laboratory is the site of research conducted in cooperation with elements of the U.S. Armed Forces to study the etiology, epidemiology and ecology of viral and mycotic diseases occuring in the American tropics. Early emphasis was on arthropod-borne viruses and histoplasmosis, and present studies focus on Bolivian hemorrhagic fever, the encephalitides, and the epidemiology of histoplasmosis in bats in Panama.

Epidemiology and Genetics Center
NINDB
Guam

Since 1957, the unusual frequency of amyotrophic lateral sclerosis (ALS), which was discovered in an epidemiological survey, has been studied by a branch of NINDB. ALS is responsible for about 10 percent of the deaths among the adult Chamorro population of Guam. Originally ALS was thought to be a genetically determined, inherited disease, but mounting evidence seems to indicate that some environmental factor is responsible.

Pacific Research Section of the
Laboratory of Infectious Diseases, NIAID
Honolulu, Hawaii

Established in 1962, this section provides laboratory and field base for comprehensive investigations of eosinophilic meningitis, related diseases, and other infectious diseases of specific importance to Hawaii and other Pacific islands.

Laboratory of Perinatal Physiology
of the NINDB
San Juan, Puerto Rico

At this laboratory, established in 1956, studies paralleling certain aspects of the collaborative perinatal project are conducted. Using primates and other animals, investigators are studying relationships between various adverse factors during the prenatal life, birth, and early postnatal life and neurological disorders in the offspring. Investigators, located in Bethesda as well as Puerto Rico, direct two colonies of free-ranging monkeys on islands in Puerto Rico and a caged colony in San Juan.

New Guinea Projects
NINDB

Since 1963, kuru, a chronic progressive disease of the central nervous system, has been studied in primitive populations on New Guinea. It is believed the disease is caused by a slow virus infection, although the phenomenon has not yet been demonstrated in man. Another project involves investigating the high incidence of a wide variety of congenital defects of the central nervous system associated with hyperendemic goiter in a particular tribe. This group is being studied in order to learn more about a wide array of nervous system defects, such as congenital deaf-mutism, and mental and motor abnormalities associated with cretinism.

Domestic Units

Rocky Mountain Laboratory,
NIAID
Hamilton, Montana

At this laboratory, established in 1921, research is aimed at increasing basic knowledge of insect- and animal-borne diseases of man and the diagnosis, treatment, and control of these diseases. Field studies of diseases having reservoirs in nature are stressed. Research on infectious and allergic diseases, especially those of interest to the Western community, is conducted. The mechanisms of immunity relating to hypersensitivity and to the specific prophylaxis of fungal, rickettsial, mycobacterial and salmonella infections are studied.

Cytology Section of the Laboratory
of Parasite Chemotherapy, NIAID
Chamblee, Georgia

Established in 1959.

Patuxent Wildlife Research Center Project, NINDB
Patuxent, Maryland

This project, begun in 1963, is directed toward the investigation of latent infections. Certain degenerative diseases of the nervous system are known to occur in wild animals and may be infectious. Efforts are being made to isolate viruses which may cause such human diseases as multiple sclerosis, chronic epidemic encephalitis, kuru, ALS and certain forms of childhood epilepsy.

Malaria Studies Project of the
Laboratory of Parasite Chemotherapy, NIAID
U.S. Penitentiary
Atlanta, Georgia

Established in March 1944.

Gerontology Branch of NHI
Baltimore City Hospitals
Baltimore, Maryland

Initiated at NIH in 1940 and subsequently developed in the Baltimore location, this internationally recognized research program on aging was transferred to the NHI when the Institute was established August 1, 1948. Utilizing laboratory and patient space provided at the Hospitals, investigations are directed toward describing the biochemical, physiological and psychological changes that occur with increasing age and studying the basic mechanisms that bring about these changes.

Framingham Heart Disease Epidemiology Study, NHI
Framingham, Massachusetts

A unit of the NHI's Collaborative Studies organizations, this long-term study was transferred to the NHI on July 1, 1949. Designed to investigate factors involved in the development and progression of heart disease, comprehensive examinations are given at two-year intervals to several thousand study participants randomly selected from those of the community population aged 30 to 59 at the time of their first examination. With knowledge gained as some of the participants develop heart disease over the years, the study is providing information on the factors that increase the risk or are involved in heart disease.

Field Epidemiology Research Section, NHI
Framingham, Massachusetts

This unit of the NHI Collaborative Studies organization, concerned with a variety of epidemiological studies was originally located at Memphis, Tennessee.

Office space at the Bureau of Mines
U.S. Department of the Interior
4800 Forbes Street
Pittsburgh, Pennsylvania

NCI personnel, since May 1953, have conducted statistical studies of the mortality risk associated with occupational exposure at this field station.

Office space at Children's Cancer Research Foundation
35 Binney Street
Boston, Massachusetts

NCI personnel, since October 1955, have conducted statistical studies of environmental and other possible cancer-causing factors related to childhood leukemia.

Office space in the Washington County Health Department
1302 Pennsylvania Avenue
Hagerstown, Maryland

NCI personnel, since November 1958, have conducted statistical studies of a relatively stable human population of 100,000 persons in order to identify environmental, geographic, and familial factors relating to cancer causation.

Office space at the Michigan State University
East Lansing, Michigan

NCI personnel, since August 1961, have conducted statistical studies of various types of cancer in animals that may produce important information concerning causation of cancer in man.

Office space at the Children's Hospital of Los Angeles
4614 Sunset Boulevard
Los Angeles, California

NCI personnel, since July 1962, have conducted statistical studies of (1) excess in lung cancer mortality among Mexican women in California as compared with California-born women of Mexican descent; (2) relationship of childhood leukemia to complications of pregnancy and disorders associated with cytogenetic defects; and (3) brain tumors and congenital defects of the central nervous system in children.

The Mental Health Study Center, NIMH
Adelphi, Maryland

The Center was established in 1948 under the provision of the National Mental Health Act through the cooperation of interested citizens and organizations of Prince George's County, the County and State Health Departments, and the Mental Hygiene Division of the U.S. Public Health Service. During the first six years of its existence, the Study Center was known as the Prince Georges County Mental Health Clinic and received its present name in 1954. As a demonstration program in community mental health, the goals of the Clinic were to study methods through which its activities could be made a part of the overall health program of the County and to determine methods which communities could apply to attack the factors contributing to psychiatric disorders. In 1960, a major change occurred in the structure of the Study Center when it became a Branch of Program Development of NIMH.

The NIMH Addiction Research Center
Lexington, Kentucky

The Center had its beginning in the scientific studies of the addicting qualities of pain-relieving drugs at the U.S. Penitentiary, Fort Leavenworth, Kansas. These studies were transferred to the U.S. Public Health Service Hospital at Lexington when it opened in 1935. At present, studies at the Center include biochemical, neuropharmacological, neurophysiological, and psychological studies of drug addiction, as well as studies of chronic barbiturate and alcohol addiction. In addition, the Center is conducting basic research on the psychotomimetic drugs, agents which produce symptoms similar to mental illness and which are being used as research tools. The Center also is responsible for identifying new drugs which should be considered to be within the purview of narcotics control activities carried on by the United States and the United Nations.

The Clinical Neuropharmacology Research Center, NIMH
Saint Elizabeths Hospital
Washington, D.C.

Established in 1957, the Center is engaged in a broad program of studies of the effects of drugs on mental function in man, with special reference to their bearing on problems of mental disorder. The location of the Center insures direct contact with the special phenomena presented by mental illness in a mental hospital. Patients are selected from the general hospital population at Saint Elizabeths so as to comprise a group representative of the kinds of mental disorders to be found in most public mental hospitals. One aim of the Center is to define special research problems presented by mental hospital populations. Another aim, through the establishment of suitable laboratories for experimental work in a mental hospital setting, is to bring the hospital closer to new knowledge being accumulated by the behavioral sciences.

Mobile laboratory-equipped trailer unit of the Arthritis and Rheumatism Branch, NIAMD

In 1960, a laboratory-equipped trailer unit operated by NIAMD began performing follow-up studies on relatives of former participants in arthritis research studies at NIH. Physical examinations, x-rays, blood tests and other procedures were performed in the 22-foot trailer-truck, equipped with a special 3,000-watt generator to provide electrical power for the portable x-ray machine. Two similarly equipped mobile vans have been employed in an epidemiological population study of osteoarthritis and rheumatoid arthritis among the Blackfeet and Pima Indians, in Montana and Arizona, respectively. This study, which began in 1961, completed its first stage in 1963.

DYER LECTURE SERIES

To honor Dr. Rolla Eugene Dyer, former Director of the National Institutes of Health, the Dyer Lectureships were founded when he retired in September 1950. The lectureship awards are made for outstanding contributions to medical or biological knowledge, and the recipient chooses his subject. The following lectures have been given:

June 21, 1951 — "Genetic Control of Metabolism"
George W. Beadle, Ph.D.
Kerckhoff Laboratories of Biology
California Institute of Technology

October 29, 1952 — "The Virus and the Cell"
Sir F. MacFarlane Burnet, F.R.S.
Director, Walter and Eliza Hall Institute of Medical Research
Melbourne, Australia

October 22, 1953 — "The Gold-Headed Cane in the Laboratory"
Rene J. Dubos, M.D.
Rockefeller Institute for Medical Research

November 17, 1954 — "Recent Observations on the Behavior of Tissue Culture of Certain Viruses Pathogenic for Man"
John Franklin Enders
Associate Professor of Bacteriolgoy
Children's Hospital
Boston, Mass.

January 31, 1956 — "The Properdin System"
Louis Pillemer
Institute of Pathology
Western Reserve University

February 19, 1957 — "The Natural History of Plague and Psittacosis"
Karl F. Meyer, M.D.
The George Williams Hooper Foundation
University of California Medical School

November 5, 1957 — "Influenza: History, Epidemiology and Speculation"
Richard E. Shope, M.D.
The Rockefeller Institute for Medical Research

December 16, 1958 — "Microbial Persistence and Latency"
Walsh McDermott, M.D.
Cornell University Medical College

December 1, 1959 — "Immunofluorescence"
Albert H. Coons, M.D.
Department of Bacteriology and Immunology
Harvard Medical School

November 15, 1960 — "Epidemiologic Models in Vector-Borne Disease Studies"
George Macdonald, C.M.G., M.D., F.R.C.P.
Professor of Tropical Hygiene, University of London, and Director, Ross Institute of Tropical Hygiene, London School of Hygiene and Tropical Medicine

January 10, 1962 — "Messages in Macromolecules"
Rollin D. Hotchkiss, B.A., Ph.D.
The Rockefeller Institute of Medical Research

April 24, 1963 — "How Does a Virus Work"
Salvador E. Luria, M.D.
Professor of Microbiology
Massachusetts Institute of Technology

NIH LECTURE SERIES

The NIH Lecture Series was established to facilitate interchange of information and to give appropriate recognition for outstanding scientific accomplishment. Since January 1953, the various Institutes and the Office of the Director have sponsored lectures. The series has been planned to recur each year, with the lectures published and distributed to scientific libraries, universities, medical schools and other appropriate depositories. Lectures are open to the scientific staff at NIH and at other medical, teaching and research institutions in the Washington, D.C., area. The following lectures have been given:

January 21, 1953 — "Tricarboxylic Acid Cycle: Enzymatic Mechanisms"
Dr. Severo Ochoa
Professor of Biochemistry
New York University School of Medicine

February 16, 1953 — "Constitution and Formation of Calcified Tissues"
Dr. W.D. Armstrong
Head, Department of Physiological Chemistry
University of Minnesota Medical School

March 20, 1953 — "The Philosophy of the Clinical Trial"
Dr. A. Bradford Hill
Professor of Medical Statistics
London School of Hygiene and Tropical Medicine
University of London

April 20, 1953 — "Changes in the Vulnerability of Tissue - An Aspect of Man's Responses to Threats"
Dr. Harold G. Wolff
Professor of Medicine (Neurology)
Cornell University Medical College

May 25, 1953 — "The Regulation of ACTH Secretion"
Dr. C.N.H. Long
Sterling Professor of Physiology
Yale University School of Medicine

September 24, 1953 — "Enzymatic Analysis of the Structure of Starch and Glycogen"
Dr. Carl F. Cori
Professor of Biological Chemistry
Washington University School of Medicine

November 19, 1953 — "Demyelinizing Disorders in Infancy and Childhood"
Dr. Douglas Buchanan
Professor of Neurology
University of Chicago

December 17, 1953 — "The New Blood Group Antigens and Antibodies - Their Impact on Clinical Medicine"
Dr. Louis K. Diamond
Associate Professor of Pediatrics
Harvard Medical School

January 14, 1954 — "Ultrafiltration and Diffusion Through Biological Membranes"
Dr. John R. Pappenheimer
Department of Physiology
Harvard Medical School

February 18, 1954 — "Iron-Nutrition, Metabolism, and Clinical Significance"
Dr. Carl V. Moore
Professor of Medicine
Washington University School of Medicine

March 18, 1954 — "The Endocrinology of Mammary Cancer"
Dr. Charles B. Huggins
Professor of Urology and Director of the Ben May Laboratory for Cancer Research
University of Chicago School of Medicine

April 22, 1954 — "Stress, Emotion, and Mental Health"
Dr. Howard S. Liddell
Department of Psychology
Cornell University

May 27, 1954 — "The Mechanism of Uranium Poisoning"
Dr. Harold C. Hodge
Professor of Pharmacology and Toxicology
University of Rochester

September 30, 1954 — "The Natural History of Changing One's Job"
Dr. Alan Gregg
Vice President
Rockefeller Foundation

December 16, 1954 — "Avirulent Strains of Poliomyelitis Virus - Segregation, Characterization, Role in Nature, and Potential Usefulness for Human Immunization"
Dr. Albert B. Sabin
Professor of Research Pediatrics
University of Cincinnati College of Medicine

May 31, 1955 — "Some Recent Developments Concerning the Chemical Transmission of Nervous Effects"
Sir Henry Hallett Dale, O.M., G.B.E., F.R.C.P., F.R.S.
Chairman, The Welcome Trust
London, England

May 1, 1957 — "The Nature of Molecular Disease"
Linus Pauling, B.S., Sc.D., Ph.D.
Gates and Crellin Laboratories of Chemistry
California Institute of Technology

January 22, 1958 — "Relation of Physical Science to Life Science: Communication Theory"
W.O. Baker
Vice President in Charge of Research
Bell Telephone Laboratories, Inc.

May 14, 1958 — "Bioenergetics"
Albert Szent-Gyorgyi, M.D., Ph.D.
Director of the Institute for Muscle Research
Marine Biological Laboratory

October 7, 1958 — "The Energy Exchanges Involved in Muscular Contraction and Nerve Conduction"
Archibald Vivian Hill, M.A., Sc.D., F.R.S.
Professor Emeritus, Department of Physiology
University College, London, England

May 5, 1959 — "The Biochemical Evolution of Vision"
George Wald, Ph.D.
Professor of Biology
Harvard University

October 13, 1959 — "Biosynthesis of Deoxyribonucleic Acid (DNA)"
Arthur Kornberg, M.D.
Professor and Chairman, Department of Biochemistry
Stanford University

February 9, 1960 — "Biosynthesis in Human Cell Cultures"
Harry Eagle, M.D.
Chief, Laboratory of Cell Biology
NIAID, NIH

April 26, 1960 — "From Fish to Philosopher"
Homer W. Smith, Sc.D.
Professor of Physiology and
Director of Physiological Laboratories
New York University College of Medicine

May 18, 1960 — "The Biologist Examines the Mind and Behavior"
Seymour S. Kety, M.D.
Chief, Laboratory of Clinical Science
NIMH, NIH

October 4, 1960 — "Conscious Experience - What the Brain Records and Where"
Wilder Penfield, M.D., Sc.D.
Director, Montreal Neurological Institute

December 14, 1960 — "An Enzymatic Approach to Nucleic Acid Chemistry"
Leon A. Heppel, M.D., Ph.D.
Chief, Laboratory of Biochemistry and Metabolism
NIAMD, NIH

January 25, 1961 — "Inquiries Concerning the Fine Structure of Protein Molecules"
John T. Edsall, M.D.
Professor of Biological Chemistry
Harvard University

March 15, 1961 — "Viruses, Common Colds and Cancer"
Robert J. Huebner, M.D.
Chief, Laboratory of Infectious Diseases
NIAID, NIH

November 15, 1961 — "Endocrine Aspects of the Cancer Problem"
Roy Hertz, M.D.
Chief, Endocrinology Branch
NCI, NIH

February 28, 1962 — "Relationship Between Structure and Host Reactive Properties of Microorganisms"
Edgar Ribi, Ph.D.
Head, Biophysics Section
Rocky Mountain Laboratory
NIAID, NIH

April 25, 1962 — "Photosynthesis"
Melvin Calvin, Ph.D.
Director, Department of Chemistry
Lawrence Radiation Laboratory
University of California

October 17, 1962 — "Status of Transuranium Elements"
Glenn T. Seaborg, B.A., Ph.D.
Chairman, U.S. Atomic Energy Commission

December 12, 1962 — "Intercellular Infection and the Carrier State"
Joseph E. Smadel, M.D.
Chief, Laboratory of Virology and Rickettsiology
DBS, NIH

February 27, 1963 — "The History and Natural History of Gout"
DeWitt Stetten, Jr., M.D., Ph.D.
Dean of the Medical School
Rutgers University

NIH INTERNATIONAL LECTURES

The NIH International Lecture series was established in 1963 to emphasize the mutuality of interest of NIH and the international scientific community, particularly with the extension of NIH domestic programs overseas. The series will be concerned with international science activities with special emphasis on the biomedical sciences. The first NIH International Lecture was given:

October 31, 1963 — "The Role of Biomedical Research in International Development"
Walsh McDermott, M.D.
Professor and Chairman
Department of Public Health
Cornell University Medical College

Prepared by:

Public Information Section
Office of Research Information